JOURNAL OF PROFESSIONAL COUNSELING:
Practice, Theory, & Research

Journal of Professional Counseling: Practice, Theory, & Research

Guidelines for Authors

TCA's *Journal of Professional Counseling: Practice, Theory, and Research* is a semi-annual publication seeking to advance clinical, theoretical, and empirical knowledge in counseling and psychotherapy. The journal invites manuscripts that are directed to the mutual interests of counselors and personnel workers in schools, colleges, community agencies, and government agencies. Especially welcome is stimulating writing dealing with: (a) practical and unique applications of counseling techniques/approaches in school and clinical settings, (b) significant quantitative and qualitative research, (c) critical integrations of published research, (d) theoretical and social policy, and (e) scholarly reviews of professional materials.

1. Submit all manuscripts online at www.txca.org/journal. Manuscripts will be acknowledged upon receipt. Following preliminary review by the editor, they will be sent – with your name deleted – to three members of the editorial board. The first page shall be a blind title page with the title of the article only. In all correspondence, please include your email address. Please contact Marvarene Oliver at marvarene.oliver@tamucc.edu with questions.

Manuscripts should not exceed 4,000 words. There is not a lower limit; a subject line should seek its own limit.

Research:

Quantitative Research Articles: Estimates of effect size should be addressed along with interpretations of practical significance. P values should be reported accurately and clear description of measures should be provided.

Qualitative Research Articles: Discussion of trustworthiness appropriate for the qualitative method used in the study must be included. Qualitative methodology must be appropriate for the study.

Mixed Methods Research Articles: Demonstration of sound mixed methods design must be included.

Theory:

Integrative Literature Reviews: Manuscripts must contribute to the literature and must go beyond reporting findings. Authors should be familiar with and follow the APA Publication Manual (2010) guidelines regarding literature reviews.

Practice:

Applications: Manuscripts concerning new practices, innovative use of existing approaches/techniques, or experimental programs should fully describe the application(s) of approaches/techniques in order that readers can have a clear understanding of what is

Continued from the previous page

being done. Theoretical foundations and/or research concerning the approach/technique, if such exists, should be included.

Trends and Issues:

Manuscripts should be relevant to current trends and issues affecting counselors, their clients, and the field. Manuscripts may include but are not limited to topics such as social policy, advocacy, and social justice. Sound reasoning and scholarship are expected so that readers can logically assess the meaning and impact for themselves, their clients, and the field, and should enable readers to identify or clarify issues of importance to them.

2. Manuscripts should be well-organized and concise so that the development of ideas is logical. Avoid dull stereotyped writing, and aim to communicate ideas clearly and interestingly to a readership composed of practitioners and educators.

3. Include an abstract of 100 words or less. The statement should express the central idea of the article in non-technical language and should engage the reader's interest.

4. Do not use footnotes. Incorporate such material into the manuscript.

5. Shorten article titles so that they do not exceed 50 letters and spaces.

6. Author's name with position, title, and place of employment should appear only on the cover page.

7. Double-space all material, including references.

8. References should follow the style described in the *Publication Manual of the American Psychological Association,* Sixth Edition, 2010.

9. Never submit manuscripts that are under consideration by another periodical.

10. Submit all manuscripts online at www.txca.org/journal. Manuscripts will be acknowledged upon receipt. Following preliminary review by the editor, they will be sent – with your name deleted – to three members of the editorial board. The first page shall be a blind title page with the title of the article only. In all correspondence, please include your email address. Please contact Marvarene Oliver at marvarene.oliver@tamucc.edu with questions.

Manuscripts not accepted after review will be returned for revision, or rejected as unacceptable for the *Journal.*

Table of Contents
for Volume 39, Number 2, Summer/Fall 2012

Editorial Perspective

I am honored to serve as the Interim Executive Editor of the *Journal of Professional Counseling: Practice, Theory, and Research* (JPC) and to offer this first journal under my editorship. While I am, indeed, the Interim Executive Editor and my name appears in the Editor Information column, much of the work of this issue was completed by Dr. Richard S. Balkin before he left the position of Executive Editor. Beginning July 1, 2012, Dr. Balkin will assume the role of Incoming Editor of the *Journal of Counseling and Development,* and will become Editor of that journal on July 1, 2013. In addition, he serves as the Editor of *Measurement and Evaluation in Counseling and Development* and has done so since July 1, 2011. While he will be missed as Executive Editor of the *Journal of Professional Counseling: Practice, Theory, and Research,* he continues to be a willing and capable consultant, to me and to the JPC. I appreciate his advice, assistance, and availability.

I encourage both practitioners and educators to continue to submit the varied and interesting manuscripts that have allowed the JPC to attain its current status as a national journal. Both research-based and conceptual manuscripts are welcome, especially those that particularly focus on issues of interest to the practice of counseling. The ability to share research and conceptual information that is meaningful to those who practice as well as to those who teach is critical to the continuing development of the field. It is part of what defines us as professionals who are invested in expanding our knowledge and skills.

Marvarene Oliver, Ed.D., LPC-S, LMFT
Interim Executive Editor, *Journal of Professional Counseling: Practice, Theory, and Research*

A Narrative Approach to Terminating Therapy

A. Stephen Lenz, Manual X Zamarripa, and Stephanie Fuentes
Texas A&M University- Corpus Christi

*I*ncreasing the diversity of strategies for facilitating meaningful termination of therapy may be useful to practitioners in a number of settings including those conducting group guidance in the schools and meeting with clients in a private practice or community agencies. We present definitional ceremonies as one such strategy. Following a brief overview of this narrative therapy practice, the authors present a five-stage model for implementing this approach to termination of therapy. This process is illustrated using the case example of Trisha to highlight process, contextual, and multicultural considerations. Considerations for practitioners and research are provided.

Counselors may begin more therapeutic relationships than they mutually terminate. One recent investigation reviewing client records (N=22,122) estimated that only 40% of therapy endings are planned (Connell, Grant, & Mullen, 2006). Despite requirements for counselors to implement responsible and reasonable termination efforts by regulating bodies such as the American Counseling Association (ACA, 2005) and the American Association for Marriage and Family Therapists (AAMFT, 2001), this trend has persisted. Several researchers have made efforts to identify client and counselor variables that influence this trend across several therapeutic settings (Lampropoulos, Schneider, & Spangler, 2009; Renk & Dinger, 2002; Roe, Dekel, Harel, & Fenning, 2006; Venable & Thompson, 1998); however, attention to enhancing

termination practices is scant in the professional literature. A review of conference programs for ACA and the Association for Counselor Education and Supervision in the past five years also corroborates a need for more discussion about issues and innovative strategies related to promoting meaningful termination practices.

For many clients, the experience of parting with the therapeutic atmosphere in which they are acknowledged, accepted, and validated unconditionally while mitigating life circumstances can range from hopeful to anxiety provoking. Many (2009) suggested that termination of counseling may provide a model of change for a client that embraces loss of an important relationship as a part of healthy growth. From a narrative therapy perspective (Speedy, 2004; White, 2007), termination may provide a venue for clients and the important people in their lives to agree upon, re-grade, and acknowledge development made in counseling.

A number of examples were provided noting the fit between narrative practices and other therapeutic orientations such as rational-emotive behavior, solution-focused, cognitive-behavioral and systemic family therapies (Dallos, 2004; Guterman & Rudes, 2005; Hansen, 2002). Therefore, one implication is that practitioners from many different backgrounds may enhance their professional services and fidelity by implementing the strategy for termination illustrated here. Furthermore, the approach presented was implemented with clients of diverse ethnic backgrounds presenting with an array of issues. We believe that implementing a definitional ceremony synonymous with narrative therapy (Speedy, 2004; White, 2007) does not require practitioners to reinvent themselves. However, readers may benefit from some knowledge regarding basic concepts including externalizing problems, identifying unique outcomes, and facilitating re-membering conversations.

Definitional Ceremonies in Narrative Practice

The practice of utilizing definitional ceremonies as described by narrative therapists such as Speedy (2004) and White (2003, 2007) provides a unique framework to facilitate meaningful closure to the therapeutic relationship. The term *definitional ceremony* was borrowed by Michael White from the work of anthropologist Barbara Myerhoff (1986), who suggested that when individuals tell their stories amongst others, a process occurs that authenticates views about their lives, experiences, and identities. Initially incorporated as a form of celebration to mark a significant point in counseling, definitional ceremonies have since been utilized by narrative therapists for a number of purposes including honoring and reconnecting with loved ones who have died (Bermúdez & Bermúdez, 2002; Hedtke,

2003), helping clients with a minority heritage integrate into their communities (Bitter, Robertson, Roig, & Disqueact, 2004), assisting therapists in clarifying personal values (Sax, 2006), utilizing cultural values as a foundation for the construction ceremonies (Bermúdez & Bermúdez, 2000), and contributing to counselor development (Marsten & Howard, 2006; Sax, 2006). Most often, the effectiveness of definitional ceremonies are accounted for through single-subject case studies, and qualitative inquiries that illustrate the subjective and flexible nature of this approach (Sax, 2006; Speedy, 2004).

In addition to these meaningful applications, we propose that definitional ceremonies can also be utilized during the termination phase of treatment by allowing clients to publicly tell important others about the developments of their identity, such as the changes in values, passions, and readiness to accept new responsibilities, in a forum that promotes validation. Meyersoff (1986) suggested that these ceremonies "are strategies that provide opportunities for being seen and in one's own terms, garnering witnesses to one's worth, vitality, and being" (p. 267). Subsequently, White (2007) provided a model for these "rituals that acknowledge and re-grade people's lives, in contrast to many rituals of contemporary culture that judge and degrade people's lives" (p. 165). Consistent with the social constructivist perspective that

knowledge and reality exist only through interaction in a social and cultural context (see Kukla, 2000) this model relies on the recruitment, preparation, and participation of meaningful persons engaging in a dialogue about client experiences followed by reflections from their audience. These discussions and reflections can provide a powerful opportunity to focus on client change, witness it, and establish it through the authenticating of client claims about their identity (Anderson, 2003). The model for definitional ceremonies adapted by White (2003, 2007) included the process of multi-layered telling and retellings of the client's story in a socially and culturally representative forum. This environment is established by recruiting relevant and reliable witnesses for the process that can contribute to meaningful reflection and discussion of the client's experiences. The discussion begins with the client telling others about their life story, which includes the poignant developments associated with therapy. Following, witnesses are invited to participate via the retelling of the client's story and highlighting aspects that were meaningful to them. After this second exchange, the client then responds to this retelling of their story provided by witnesses by highlighting perspectives were meaningful or that created new insights. In relation to termination of therapy, these exchanges can continue until a consensus has been reached between client and group

members; until a subjective truth has been fostered about the changes experienced by the client, what is hoped for following termination, and what meaning is associated these developments.

Although White suggested that outsider witnesses (people who are not part of the client's life) with a similar background are helpful as group members (2003, 2007), we typically utilize client selected insider witnesses (people who are part of the client's life) to avoid delaying the ceremony or infringing on confidentiality rights, similar to the approach illustrated by Speedy (2004). These insider witnesses are generally individuals who have been involved with clients during treatment who can speak to the transformations noted during therapy and whom the client has identified as meaningful contributors to their socially constructed idea of self. Counselors prepare the witnesses for the ceremony by describing four categories of inquiry which they will be prompted to discuss. After the client tells their story, the witnesses are first asked to describe what expressions of language, sentiment, or mood they were most drawn to. Next, witnesses are asked to share any images, metaphors, or allegories that emerged while listening to the client's story. Following, the witnesses are asked about any aspect of the story that resonates with their personal experiences which may contribute. Finally, witnesses are asked to acknowledge any occurrence of how listening to the client's story provided an experience that transported them emotionally, thoughtfully, or existentially.

We have found it both practical and comprehensive to implement definitional ceremonies using a stage approach developed from our work with clients. Through implementation of this five-stage model for definitional ceremonies when terminating the counseling relationship and attending to client and witness experiences of expression, image, personal resonance, and transport, counselors can encourage re-valuing of the client's stories of transformation when terminating therapy. The five stages of initiation, preparation, participation, emancipation, and commemoration we propose here can provide a new practical tool for creating powerful scenes using a narrative therapy approach. Following a description of our process, we will illustrate the application of this strategy using the case example of Trisha.

Stage Approach for Using Definitional Ceremonies when Terminating Therapy

Initiation

Whether the conclusion of therapy is approaching due to meeting treatment objectives, relocation, life transition, an ending internship, or some other reason, we maintain that the reciprocal gift of a positive conclusion to meaningful relationships begins with

intentionality. Therefore, a mutual understanding of the terms of therapy termination is a requisite component for educating clients and families about definitional ceremonies. When providing the client information about the possibilities of their personal ceremony, we have attempted to match the client's language, background, values, and experiences to the proposal in a way that creates zest and a sense of individual achievement. In our practice, very few clients have declined to have their final session take the form of a celebration commemorating their transformative journey through adversity, adjustment, and triumph.

Preparation

Preparation for the client's definitional ceremony involves education about the specific process and agenda that will be implemented, selecting insider witnesses, and planning of other artifacts. We generally begin the preparation process by reminding clients that we are attempting to commemorate their therapeutic journey in a manner similar to the way that books, fables, or movies describe the story of the main character. Clients are informed that we are most interested in identifying the perceptions of how they, and some important others, have experienced this journey.

Clients are invited to choose a group of insider witnesses based on the criterion that they have known the client for the duration of therapy and are meaningful to them in some way. Counselors also educate clients about how the insider witnesses will be invited to participate in their ceremony by identifying impressions of the client's journey, discussing perceptions of noteworthy moments in their story, and noting how they have been moved by these experiences. In our community setting, insider witnesses have most often included the client's case manager, school counselor, peer provider, and family advocate in addition to the counselor, friends, and family members. In a private setting treating psychiatrists or other supports could also be included. In either case, consents for attendance are completed to comply with confidentiality rights of the client and family.

Once the insider group has been established, the counselor, clients and family members plan for the inclusion of artifacts that have been associated with celebrations and commemorations in the client's past including balloons, cakes, music, soft drinks, or other preferred notables. Finally, a time and venue is scheduled for the ceremony. The actual telling and re-telling of the client story with the insider witnesses present can be scheduled either at the last session or second-to-last session. Counselors should be aware that this process has the potential to go beyond the traditional 50–minute session. As community counseling professionals, common venues for these commemorative

ceremonies have included our office, the family's home, and the client's school.

Participation

Participation in the client's definitional ceremony begins with the counselor facilitating a discussion with the client about their story of transformation during the therapeutic process. Frequently, we have adopted a story of your treatment approach by identifying themes and/or naming of chapters in the client's experience. Examples may include their initial referral, first changes noted, when they noticed their story changing, the present state of affairs, and outlining future chapters. During this time, witnesses listen only as observers, not engaging at all. After the initial client telling, the counselor invites the insider witnesses to participate by asking questions that will highlight the four categories of inquiry (i.e. expression, images and metaphors, personal resonance, and transport) described earlier. Once this process is complete, the counselor returns to the discussion with the client concerning their experience of hearing the witnesses' testimonies.

These rounds of inquiry can be repeated until the client and significant others have reached a consensual truth about the client's experience and how others have witnessed their therapeutic story with them before and during the moments of telling. The goal of the counselor as facilitator is threefold: 1) attempt to garner a rich representation of experiences and meaning for the client and their insider witness, 2) assure that the witnesses and client are emotionally safe during this process (see White, 2007 for a review of ethical safeguards during definitional ceremonies), and 3) accentuate the significant and accepted themes that the group agrees upon, finds useful, and experiences as a valued process component. Following the participants' telling and retellings of the client's story, everyone is encouraged to further verify the experiences of the client's new story as it relates to the insider witnesses' experience. The counselor invites any participant to further reflect on the entire experience and add any aspects to the conversation that occurred directly as a result of the definitional ceremony.

Emancipation

At this time, the counselor communicates the participants' acceptance of the identified chapters, themes, images, and experiences of transport as the lynchpins to the client's journey. We have regularly used this moment to request client permission to confidentially share their story with someone in the future who may be at the beginning of a journey similar to theirs and query what poignant aspects that we should be sure to share if we intend their story to be useful to another. Through the interweaving of experiences and the validation of the client's new story as

explicitly useful to both themselves and others before an audience of witnesses, the power of a new truth may emerge and liberate the client from past impressions. We have noted that not only does the client's new story become validated and authenticated during this process, but the rounds of telling and retelling frequently changes and expands the stories of the insider witnesses as well. Through these activities, witness' perceptions of themselves have often been emancipated from the way they see themselves relating to the client.

Commemoration

Commemorative gestures are a recognized aspect of the definitional ceremony in narrative therapy (White, 2007). Following a brief break to prepare and provide a transition to commemoration, we present our clients with a certificate of acknowledgement/ achievement which includes their name, the theme of their transformation during treatment, and a related historical quote. Following the presentation of this certificate, commemorative artifacts are introduced (e.g. cake, music, balloons) and the session takes on a celebratory quality. Once this in-person ceremony has concluded, we generally hand write a letter to our clients noting impressions of the ceremony, citing the themes, images, expressions, transport noted by participants, and resonance for us as their counselor. We also provide statements regarding our curiosity about their future endeavors, our best hopes for their story, and noted strengths emergent in the therapeutic process. Through these acts, we intend to solidify the socially constructed truth created during the client's definitional ceremony.

Case Illustration

Trisha was a 17-year old Hispanic female with a diagnosis of Bipolar Disorder receiving intensive counseling and case management services at a community mental health agency following discharge from the state hospital. When Trisha and I (first author) met she appeared to be heavily medicated, her skin quality was poor, positive social interactions were minimal, and her family was untrusting and emotionally taxed following several attempts by the client to burn down the family home and run away. My first impression of her was that of someone who had been granted only the minimal standards of dignity and denied the freedom of equitable access to typical teenage experiences for so long that her relational disposition had become similar to a person recently paroled and now in a difficult position to manage her world. Trisha's guardian warned me ardently that she had accused several persons of indecent treatment and was cautioned that she may try to manipulate the therapeutic relationship or ruin my professional status.

During our first several sessions Trisha spoke minimally; we communicated using paper and markers about the perceived level of oppression and angst that she experienced toward family and authority figures after being away from home for nearly 6 months. She noted that since returning from inpatient care she thought that others considered her unable to decide what she thought, felt, or could do for herself. Following significant rapport building and establishing a productive working alliance, Trisha later resolved to find a way to take a stand against Sad and Stubborn Sadie who had everyone united against her hopes for a better quality of life. To do so, she resolved to make Sadie irrelevant by increasing her participation in pleasant social and success activities that were safe, legal, affordable, and accessible and by learning ways to reward herself for keeping busy. Additionally, Trisha became more resilient to the convincing effects of Sadie by learning ways to challenge negative beliefs about self, others, and her potential for happiness. Monthly family sessions were oriented toward renewing the family's connection and hope through similar processes.

Following nine months of intensive counseling and case management services, the outcomes associated with Trisha's quarterly treatment review suggested that she had made noteworthy progress. She was taking significantly fewer medications, making above average grades in her coursework, engaging regularly in age-appropriate activities (e.g., walking to school, auditioning for the school play, singing in the choir, participating in online socializing), and had established a number of meaningful social relationships. Because of agency policy regarding symptom severity and functioning, termination was impending due to ineligibility for services. When her case manger (third author) and I proposed the issue of termination to the family, they were excited and nervous about leaving a system of care that they had relied on for years. We proposed to the family that we believed in meaningful transitions and felt that some goodbyes should be celebrated. We also proposed that our final meeting would be a fiesta to commemorate Trisha's achievements and all the successes ahead of her. With a sense of empowerment, the family agreed and we began making preparations for her definitional ceremony.

Trisha and her family were educated about our hopes for reviewing their therapeutic experience at the fiesta in a very unique way. Trisha selected her mother, two of her sisters and her case manager as insider witnesses to the telling of her story. These individuals were provided with a brief overview of the goals and processes of definitional ceremonies as a way to acknowledge and celebrate a family's developmental story. Trisha and her mother indicated that they wanted to have the

ceremony be the first celebration in their new home and scheduled a date that would allow them to settle in and get organized. Later her mother called the office to change the date so that it was a surprise party for Trisha; her mother had noted that the family had not put together a surprise party in a number of years. The family planned for cake, ice cream, some candles, and a small banner to be awaiting Trisha when she got home from choir practice. Her case manager and I decided that we would commemorate her achievements with a certificate and began searching for literary references that were appropriate for her changing narrative.

Trisha was pleasantly astonished by her surprise party. After the family settled in for the ceremony, Trisha's initial telling of her story revealed that she had felt like a bird in a cage, meant to fly but instead constantly watched through a cage, and fed on a schedule by the people who Sadie had convinced that she was not trustworthy. She described the tumultuous circumstances that surrounded her entry into our services characterized by violence, depression, labile emotions, and self-doubt; she named this chapter of her life "Bird in the Cage." She stated that the first noticeable changes were when she managed to be too busy having fun for Sadie to catch up with her. She reported that while Sadie was waiting at home to get her in trouble, she was at the library, taking walks to the beach, learning

lines for auditions, and texting her friends. She described the feelings, thoughts, and perceived relationship to her future associated with this part of her story named "Opening the Door." When discussing her hopes and prospective success, Trisha named this chapter of her life "Soaring and Singing." She described how she had been changed by investing in her treatment and that the song of her life had emerged into a melody where once it was a cacophony.

During rounds of discussion, Trisha's mother, older sister, and case manager described the notes of expression, images, personal resonance and transport that they experienced hearing Trisha's story. Some of these narrative products included a palm tree resisting a storm, the profound feeling her mother felt as keeper of the bird cage, and how her sister felt inspired by all the changes. I (the first author) remained curious as these insiders' corroborations of Trisha's experience were accepted, integrated, or negotiated during the process of developing a rich representation of Trisha's journey through therapy. Both Trisha and the witnesses described the level of meaning associated with witnessing Trisha live her story, tell it, and ultimately change it: the story of the song bird, once caged by a mental health trickster named Sadie, who liberated herself from oppression with the help of some special supports and was now singing a special melody.

After a short break, the family members dried their eyes and washed up and the celebration began. The cake and ice cream was brought out and our meeting took on a very upbeat, jovial feel. The younger family members joined the group and played show and tell with Trisha's case manger and myself. When all the family and friends were present and the moment felt right, we presented Trisha with a certificate of achievement for "Singing Us a New Song" and queried whether we could tell her story anonymously to a client in the future who may be on a similar journey. With tears in her eyes, she granted us permission and insisted that we include in the story how valuable connections and openness with family was during her transformation. Her mother echoed this contention and added spirituality as a critical component. After a brief time we thanked Trisha's family for participating in such a meaningful conclusion of the therapeutic treatment relationship and restated that we were grateful for the chance to part on such unique and powerful terms. When arriving to the office the next morning I wrote Trisha a letter that was included in her case file summarizing the process, observations, and mutually accepted content that emerged from the family's meeting. As part of this capstone component, I noted that my hopes for her were that she continued to find her own voice now that she is finally singing. I provided a number of encouraging statements about her ability to dream, develop, and do for herself and her family.

Conclusion

The purpose of this article was to introduce a novel way of integrating narrative definitional ceremonies in the termination process. Although termination of counseling is a crucial moment in the therapeutic journey, it still remains one of the least discussed areas in the counseling literature. We have proposed a five-stage model applicable to a variety of counseling settings. It has been our experience that this model has been empowering to clients, the important others in their lives and for counselors as well. Although we have found great utility for this process as well as the potential to enhance the meaning of the therapeutic experience for clients, we understand that some clients may simply not find this process, authentic to their sense of self.

Furthermore, to date the literature regarding perceptions of definitional ceremonies has relied heavily on single case illustrations (see Meyersoff, 1986; Sax, 2006; Speedy, 2004; White, 2007) rather than through more empirical research methodology. Due to the subjective nature of narrative practice, scientist-practitioners may increase understanding of critical incidents and powerful transactions inherent in the definitional ceremony process by implementing

qualitative research methods to identify themes and further expand the conversation about the meaningful components inherent in definitional ceremonies. Quantitative research strategies may currently be limited in measuring process variables; however, longitudinal assessments of treatment outcomes when compared to other termination strategies may prove interesting to review.

We believe that the majority of clients' experiences during termination can be enhanced by the meaningful, intentional use of definitional ceremonies to re-value ideas of self while having these perceptions confirmed by insider witnesses. Given the potential of this narrative practice to contribute to the perceptions of efficacy for therapeutic treatments, it may be a useful practice for preventing counselor burnout by highlighting meaningful contributions. We encourage scientist-practitioners to pursue identifying and investigating important variables within definitional ceremonies and providing practitioners with more empirical means to evaluate this unique process.

References

American Counseling Association (2005). *ACA Code of Ethics*. Alexandria, VA: Author.

American Association for Marriage and Family Therapy (2001). *AAMFT Code of Ethics*. Alexandria, VA: Author.

Anderson, H. (2003). Postmodern social construction therapies. In T.L. Sexton, G.R. Weeks, & M.S. Robbins (Eds.), *Handbook of family therapy* (pp. 125-146). New York, NY: Routledge.

Bermúdez, J. M. & Bermúdez, S. (2002). Altar-making with Latino families: A narrative therapy perspective. *Journal of Family Psychotherapy, 13*, 329-347.

Bitter, J. R., Robertson, P. E., Roig, G., & Disqueact, J. G. (2004). Definitional ceremonies: Integrating community into multicultural counseling sessions. *Journal of Multicultural Counseling and Development, 32*, 272-282.

Connell, J., Grant, S., & Mullin, T. (2006). Client initiated termination of therapy at NHS primary care counseling services. *Counselling & Psychotherapy Research, 6*, 60-67. doi:10.1080/14733140600581507

Dallos, R. (2004). Attachment narrative therapy: Integrating ideas from narrative and attachment theory in systemic family therapy with eating disorders. *Journal of Family Therapy, 26*, 40-65. doi:10.1111/j.1467-6427.2004.00266.x

Guterman, J. T., & Rudes, J. (2005). A narrative approach to strategic eclecticism. *Journal of Mental Health Counseling, 27*, 1-15.

Hansen, J. T. (2002). Postmodern implications for theoretical integration of counseling approaches. *Journal of Counseling & Development, 80,* 315-321.

Hedtke, L. (2003). The origami of remembering. *The International Journal of Narrative Therapy & Community Work, 4,* 57-62. Retrieved from http://www.dulwichcentre.com.au/international-journal-narrative-therapy.html

Kukla, A. (2000). *Social constructivism and the philosophy of science.* New York, NY: Routledge.

Lampropoulos, G. K., Schneider, M. K., & Spengler, P. (2009). Predictors of early termination in a university counseling training clinic. *Journal of Counseling & Development, 87,* 36-46.

Many, M. M. (2009). Termination as a therapeutic intervention when treating children who have experienced multiple losses. *Journal of Infant Mental Health, 30,* 23-39. doi:10.1002/imhj.20201

Marsten, D. & Howard, G. (2006). Shared influence: A narrative approach to teaching narrative therapy. *Journal of Systemic Therapies, 25,* 97-110. doi:10.1521/jsyt.2006.25.4.97

Meyersoff, B. (1986). Life not death in Venice: Its second life. In V. Turner & E. Bruner (Eds.), *The anthropology of experience* (pp. 261-286). Chicago, IL: University of Illinois Press.

Renk, K. & Dinger, K. (2002). Reasons for therapy termination in a university psychology clinic. *Journal of Clinical Psychology, 58,* 1173-1181. doi:10.1002/jclp.10075

Roe, D., Dekel, R., Harel, G., & Fenning, S. (2006). Client's reasons for terminating psychotherapy: A quantitative and qualitative inquiry. *Psychology and Psychotherapy: Theory, Research, and Practice, 79,* 529-538. doi:10.1348/147608305X90412

Speedy, J. (2004). Living a more peopled life: Definitional ceremonies as inquiry into psychotherapy "outcomes". *International Journal of Narrative Therapy and Community Work, 3,* 43-53. Retrieved from www.dulwichcentre.com.au/living-a-more-peopled-life speedy.pdf

Venable, W. M. & Thompson, B. (1998). Caretaker psychological factors predicting premature termination of children's counseling. *Journal of Counseling & Development, 76,* 286-293.

White, M. (2003) Narrative practice and community assignments. International *Journal of Narrative Therapy and Community Work, 2,* 17-55. Retrieved from http://www.dulwichcentre.com.au/international-journal-narrative therapy.html

White, M. (2007). *Maps of Narrative practice.* New York, NY: W. W. Norton & Company.

Suicide Postvention in Schools: The Role of the School Counselor

Kerrie R. Fineran
Indiana University-Purdue University Fort Wayne

Many school counselors may encounter the suicide of a student during their careers. In this article, the author discusses postvention planning in the event of student suicide. Specifically, the role of the school counselor in responding to school crises, including student suicide, is addressed. Basic statistics on adolescent suicide are presented, suicide postvention in schools is defined, and recommendations for implementation by school counselors are made. An outline of the steps involved in postvention planning and special considerations for managing suicide postvention in schools are provided. Lastly, school counselors are encouraged to design and implement evaluation procedures to determine the effectiveness of postevention planning and share these results as an advocacy effort for increased suicide prevention and postvention awareness.

Recent highly publicized incidents of school violence have contributed to an awareness of and a need for crisis response systems in schools. Community members expect that their local schools will be safe and effective institutions of learning. Unanticipated crisis situations in schools can create chaos that "undermines the safety and stability of the entire school" (Johnson, 2000, p. 18). School counselors are expected to serve students and school personnel in times of crisis. The American School Counselor Association's (ASCA, 2000) position statement on the school counselor's role in a crisis situation provides direction, stating "the pro-

Author Note:

Kerrie R. Fineran, Ph.D., is an Assistant Professor in the College of Education and Public Policy at Indiana University-Purdue University Fort Wayne. Address all correspondence concerning this article to Dr. Kerrie Fineran, IPFW Counseling Program, Neff Hall Room 250L, 2101 East Coliseum Blvd., Fort Wayne, IN 46805-1499, or finerank@ipfw.edu.

fessional school counselor's primary role is to provide direct counseling service during and after the incident" (p. 1). One specific type of crisis that may be encountered in the school setting is the suicide of a student (Allen et al., 2002). This article will investigate the school counselor's role in the aftermath of a student suicide, examine the steps of the postvention process, and discuss implications of student suicide for practicing school counselors. It is particularly relevant due to the shortage of empirical or conceptual literature on responding to suicide in counseling settings (McGlothlin, 2008) and, in particular, responding to suicide in the school environment. What has been written on the subject typically references resources that are ten years old or older, suggesting that recent attention to the specific topic of postvention has been limited.

Adolescent Suicide

In the past 25 years, adolescent suicide has become a significant public health problem (Bridge, Goldstien, & Brent 2006). According to the Centers for Disease Control and Prevention (CDC, 2008), suicide is the third leading cause of death for youth. The CDC reported a study of adolescents (grades 9-12) in the United States indicating that 15% of the students surveyed had considered suicide, 11% had formed a plan to complete suicide, and 7% reported attempting suicide in the preceding year. Parrish and Tunkle (2005) indicated that in recent years, suicides have accounted for 11-12% of adolescent deaths. Additionally, these statistics may be underestimated (Eschbach, 2005). Many youth suicides are not classified as such, but are instead categorized as accidents (Siehl, 1990) or deaths attributed to unknown causes. Although almost 86% of all suicides by youth under the age of 20 occur amongst 15- to 19-year-olds (Capuzzi, 2002), these types of deaths can occur at all ages, including students in elementary and middle school (Alexander & Harman, 1988; Maples et al., 2005; Parsons, 1996). Bridge et al. noted that risk factors for youth suicide attempts and completions include suicidal ideation, previous suicide attempts, suicidal intent (the extent to which a student wishes to die), and precipitating events such as interpersonal conflict, loss, or disciplinary actions. While psychiatric disorders, including mood, anxiety, substance abuse, and PTSD, amongst others, are common among youths who attempt suicide, 40% of suicide completers under the age of 16 do not appear to have a diagnosable psychiatric disorder and may not be clearly distinguishable from their non-suicidal peers. In light of this information, it is essential that school counselors be prepared to not only recognize risk factors in order to prevent suicide, but also be prepared to take on a leadership role in the event of a completed student suicide.

School Counselors and Crisis

Typically, school counselors are an integral part of school-based suicide prevention, crisis intervention and management, and postvention efforts (Capuzzi, 2002; Eschbach, 2005) and may be the only professionals with counseling training available in a particular school. School counselors can be instrumental in developing procedures for crisis intervention, as they are familiar with the school system, have skills in leadership and coordination, are knowledgeable about available community resources, and know of other mental health professionals who could be of assistance in crisis situations (ASCA 2007; Eschbach, 2005; Siehl, 1990). The American School Counseling Association (ASCA, 2007) position statement on dealing with crisis in schools states that professional school counselors should be proactive in responding to crisis situations by taking a leadership role in planning and implementing prevention, intervention, and post-incident crisis plans in schools. However, as evidenced by a 2002 study conducted by Allen et al., many school counselors feel unprepared to manage crisis in their schools. In their sample of 236 practicing school counselors, Allen et al. noted that 57% of the respondents reported feeling "minimally prepared" or "not at all prepared" to handle crisis situations in the school setting. Moreover, they found that only 61% of the total sample reported

participating as a member of a school crisis team. Additionally, Siehl (1990) reported that while many schools have plans in place to deal with certain crises such as child abuse, aggression, violence, and natural disasters, most schools do not have protocols related to the suicide of a student. Those schools with prevention and intervention plans often lack a postvention component (King, 1999). A study of Ohio schools found that one in five school counselors reported that their school did not have a suicide postvention program (Wolfe, Mertler, & Hoffman, 1998). Although more recent data related to school suicide postvention plans are not available, it is probable that many schools still do not have these types of protocols in place.

Similarly, many school counselors do not have specific training in responding to crisis situations. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2009 standards for school counseling programs require that school counselors understand the potential impact of disasters and crises on the school community (although suicide is not specifically mentioned) and that they have knowledge of the skills necessary in managing disasters. However, all that is required in terms of skills and practices is that school counselors know strategies for assessing and managing suicide risk. The few standards related to crisis preparedness are hardly numerous enough for

many training programs to require a class on crisis response for school counselors. Those practicing school counselors who graduated from non-CACREP accredited programs may have no training or exposure to crisis response models at all.

The above information suggests four implications. First, school counselors should ensure that their schools have various types of crisis plans in place, be familiar with these plans, and be advocates of preparation for the mental and emotional aspects of crisis situations, including the suicide of a student. Second, school counselors should be dynamic members of crisis intervention teams in schools and should work to evaluate, improve, and update current plans. Third, practicing school counselors should actively seek out and participate in professional development opportunities that will increase their knowledge and skills in these areas. Finally, counselor educators need to be proactive in preparing school counselor trainees for crisis intervention, including suicide prevention, intervention, and postvention. It is imperative that school counselors emphasize the importance of developing a postvention plan in the event of a student suicide, and be prepared to implement such a plan in their schools.

Postvention

Postvention activities are those that take place after a suicide occurs and were first defined by Shneidman (1982) as strategically planned interventions implemented to assist survivors after a suicide. Postvention strategies should be developed, distributed, and understood by all school personnel in order to adequately prepare for the aftermath of a student suicide (Siehl, 1990). Strategically implemented procedures can assist in improving the emotional environment of the school after the death of a student by suicide. Quick and strategic action plans can help minimize confusion that may delay important interventions in the aftermath of a suicide and may help to lessen long-term negative impacts on survivors (ASCA, 2007; Laux, 2002; Westefeld et al., 2000). Therefore, the goals of suicide postvention in school are as follows: (1) to provide support in order to minimize the emotional distress of survivors (Callahan, 1996; Kerr, Brent, McCain, & McCommons, 2006); (2) to reduce the likelihood of contagion resulting in additional imitation or cluster suicides (Callahan, 1996; CDC, 1988); and (3) to help return the school to normal routines (Kerr et. al, 2006). It is therefore vital that school counselors be familiar with any suicide postvention plan that may be in place in a school or school district, and if one does not exist, take steps to develop such procedures.

Planning

Numerous authors have suggested that schools have postvention strategies in place

well in advance of any student death, and have noted that this is particularly important in the case of student suicide (Kerr, 2009; King, 1999; Roberts, 1995; Seihl, 1990; Thompson, 1995). It is important that schools have a formal plan of action with specific procedures to implement in the case of a student suicide. These procedures should include written guidelines for dealing with at-risk students, suicide attempts, and other students returning to school following a completed suicide (Kalafat, 1990; Kerr et al., 2006; McGlothlin, 2008). Additionally, the plan should include methods for verification of the death as well as notification for school personnel, students, parents, and the community at large. Not only does this type of plan help mitigate confusion and chaos, but it also provides the school with protection from legal liability (Celotta, 1995). It is important that schools document that they adhered to written procedures in order to prevent further harm to surviving students should there be any legal investigations into the actions of the school.

School counselors, with their counseling expertise and understanding of the developmental needs of students, should be key consultants in the development of this plan. Kerr et al. (2006) outlined a postvention implementation plan in the case of student death that also includes information related to death by suicide. This detailed plan can be found in their book *Postvention standards manual: A guide for a school's response in the aftermath of a sudden death* (5th ed.) as well as in *School crisis prevention and intervention* (Kerr, 2009) and may assist practicing school counselors seeking resources regarding postvention planning. A brief introduction to some of the important aspects of these types of plans follows.

The first step in developing a postvention plan involves identifying individuals who will be responsible for responding to the crisis (McGlothlin, 2008). School counselors should establish a postvention team that includes community resource persons, school psychologists, specifically trained teachers and administrators, and other school personnel (King, 1999; Roberts & Lepkowski, 1998). Roberts and Leplowski proposed that the function of this team should be to provide coordination, communication, and implementation of the suicide response plan. They also recommended that a group leader be designated, individual duties be assigned, and backup persons be organized for each task. The school counselor should be intimately involved in the postvention-specific training for these team members.

A secondary purpose for the postvention team is preventative education (King, 1999). The school counselor and other members of the crisis team might consider conducting workshops that educate faculty, staff, students, and parents about adolescent suicide. These

workshops could focus on empirically identified risk factors, symptoms of depression, resources available to help a suicidal student, suicide risk assessment, and education about plans that are in place should a student complete suicide. One such training program for intervening with suicidal individuals that may be useful to school counselors and other members of the school community is Applied Suicide Intervention Skills Training (ASIST), one of the most utilized suicide intervention programs in the world (LivingWorks Education, 2005). In addition, school counselors may find the Suicide Prevention Resource Center (SPRC; www.sprc.org) a useful source of information. Specifically, the Best Practices Registry (BRP) contains extensive information about evidence-based programs and best practices statements by experts in the field. It also includes resources for school counselors, recommended protocols and procedure outlines, outreach materials, screening tools, and information on related training programs. Although preventing suicide is clearly of primary concern, completed youth suicides do indeed occur, and it is just as important for school counselors to be prepared to design, implement, and manage postvention efforts in the wake of student suicide.

After a Student Completes Suicide

Many authors have highlighted the importance of timely action in responding to student suicide (ASCA 2007; Kerr et al., 2006; Westefeld et al., 2000). Zinner (1987) suggested that early intervention after a student suicide is necessary, noting that a coordinated and planned effort by professionals can bring reassurance in a situation that is likely shocking and overwhelming. The postvention plan should be put into action as soon as possible, including confirming the death (Maples et al., 2005) and contacting school personnel to reduce the risk of faculty and staff arriving at the school uninformed (Siehl, 1990). It may be helpful to have a before-school meeting with all school personnel to inform the staff of the incident, ensure that all the facts are clearly understood, and announce any special schedules that may be in place for the day. It is crucial that schools and staff members address the student's death directly and honestly, as ignoring or doing nothing may contribute to further harm by minimizing the seriousness of any distress felt by students (Parish & Tunkle, 2005). Brock and Hart (2006) suggested sharing information with students in small classroom settings simultaneously rather than using a loudspeaker announcement or school assembly. They also recommended that parents at the school be notified by written notes or personal contacts, such as individual phone calls. Although honesty is essential, it is also important to consider the feelings and desires of the family when discussing the cause

of death because stigma, shame, and confusion may be present following a death by suicide. It may be appropriate for the school counselor to contact the deceased student's family to determine their wishes for disclosure, obtain information on funeral arrangements, identify siblings and close friends who may be in need of assistance, discuss the school's postvention response, and to offer any support that the school may be able to provide. Celotta (1995) recommended that the school counselor be prepared to offer parents the names of mental health agencies and survivor support groups that can offer help to the family. Additionally, Parrish and Tunkle noted that school counselors should be prepared to clear a student's desk or locker of personal items, and return these to the family at an appropriate time.

Thompson (1995) proposed that the school counselor should be the coordinator for counseling activities occurring in the school. Crisis centers where students can receive individual and group services should be made available and staffed by the postvention team members. Siehl (1990) indicated that these in-school centers should be easily accessible, especially for those students who may need special counseling throughout the day. One way to organize the crisis centers is to arrange one-on-one counseling for severely distressed students as well as small group interventions (Kerr, 2009). These groups should be facilitated by school counselors and other mental health providers who have training in crisis intervention.

Due to typical high student-to-counselor ratios, school counselors should be prepared to call on professionals from other schools (King, 1999) or mental health providers in the community (Maples et al., 1999) in order to adequately staff these centers. School counselors may need to proactively pursue survivors to participate in postvention activities, as some students, especially adolescents, may fear a social stigma related to seeking out mental health assistance (Slate & Scott, 2009). Counselors may wish to focus their recruiting efforts on those survivors most at risk, including close friends of the deceased and any students with known suicidal behaviors or histories (Parrish & Tunkle, 2005).

In facilitating the postvention groups, school counselors may find that after the initial shock and denial that are likely following a student's suicide, friends and peers of the deceased are subject to a wide variety of responses, including profound grief, guilt, anger, cognitive distortions, and impaired judgment (Parrish & Tunkle, 2005). Brock and Hart (2006) emphasized that it is important to highlight that there is no one "right" way to feel after a suicide, and Celotta (1995) suggested that school counselors and other professionals involved in the postvention focus on the emotional needs of

survivors, provide support and resources, encourage the expression of feelings, and discuss suicide in a general way rather than focusing on the specific student suicide. She advised that postvention team members should work to avoid glorifying and glamorizing suicide by emphasizing that although thoughts of death are usually very normal, suicide is not a normal response to stress. Parrish and Tunkle suggested that counseling efforts focus on the survivors' memories of the deceased, emphasizing the life of the deceased rather than the circumstances surrounding the death, and that even in the context of extreme grief, counseling facilitators encourage students to make their own specific commitments to enjoy the act of living. In addition to responding directly to student needs immediately following the suicide, there are some specific issues that school counselors may wish to consider in preparing crisis response plans, including memorializing the deceased student, dealing with the media, preparing for suicides that may occur when school is not in session, managing the needs of school staff and personnel, and conducting ongoing care.

Special Considerations

Memorials

Some individuals in the school community may wish to take measures to memorialize the deceased individual by conducting memorial services in the school or creating a memorial shrine with pictures and flowers (Maples et al., 2005). Some researchers have suggested that these activities should be discouraged because they may provide reinforcement to other students who are experiencing suicidal ideation (Maples et al.; Capuzzi, 2005), while others have noted that allowing some small tribute such as a moment of silence, a yearbook photo, or a suicide-prevention fundraiser may assist students and staff to obtain closure and say goodbye to the deceased (King, 1999). Brock and Hart (2006) disavowed many of these practices, and instead proposed allowing students to attend funeral services (with parental permission), encouraging them to take part in suicide prevention activities, or creating a student assistance program designed to help students cope with problems and feelings. Although a search of the current literature produced no empirical evidence for or against the use of these types of memorials, best practice would certainly involve careful monitoring of these dynamics and taking steps to help the school community obtain closure, while still being aware of the potential negative impact of these activities. Kerr (2009) suggested that a school district may consider establishing a general memorial scholarship fund or encourage donations to charities such as a local suicide support group.

Media

In the event of an untimely adolescent death, coverage by the media should be expected. Only one individual should be assigned the task of interacting with any media personnel and delivering the facts of the incident (King, 1999). This designated liaison may be a school administrator or a selected member of the postvention team. The student's school activities should be reported, but anything other than facts (such as speculation about the cause of a suicide) should not be revealed. It is also suggested that the school's media representative clear all media statements with the family of the student (Seihl, 1990). Because media attention may increase the likelihood of imitation suicides (Gould, as cited in Kerr, 2009; King, 1999), it is essential that the media do not report the method or location of the suicide (Brock & Hart, 2006). In interactions with the media, the school liaison should advocate for media accuracy and professionalism, encouraging them to place emphasis on the impact of suicide and the importance of identifying those needing assistance in dealing with the death. Asking the media to provide contact information for local mental health services and suicide prevention organizations would be helpful in drawing public attention to these community resources.

Additionally, social media sites such as Facebook, MySpace, and Twitter may also be a source of information to the school community (National Suicide Prevention Lifeline Postvention Manual). The school counselor or family liaison may wish to discuss how to manage posts and comments on these sites to avoid potentially harmful online discussions between students and other community members. A beneficial use of these social media sites may be to post links to local and national suicide prevention hotlines (such as the National Suicide Prevention Lifeline at 1-800-273-TALK) or other free resources that may be available to survivors.

Responding to Crises that Occur During School Breaks

Roberts (1995) emphasized that provisions for crisis situations which occur when school is not in session should be outlined in the written postvention plan. He reported that although a school with which he was involved did indeed have a postvention plan, it did not include instructions for mobilizing the team in the summer months or over extended school breaks. It is important that the role of the school be considered under these circumstances, and any necessary revisions to a postvention plan in this type of situation should be outlined.

Needs of School Personnel

Ironically, those who are expected to provide unqualified support and direction in postvention efforts (teachers, administrators,

school counselors) are also subject to intense feelings following a student's suicide (Parrish & Tunkle, 2005). The school counselor should be aware of his or her own needs and consistently monitor the postvention team's ability to provide quality services to students. Counselors should be particularly sensitive to feelings of guilt, shame, and incompetence that may arise in those who worked with the student prior to a suicide. School counselors should be prepared to advocate for outside assistance should the personal impact of the tragedy inhibit appropriate counseling. It may be helpful for school counselors to consider utilizing an objective, external consultant to assist in facilitating postvention efforts. This person should not be personally tied to the deceased student or the school, and as such, would be able to provide a certain level of emotional neutrality and stability in such an emotionally charged process. This external consultant may be a school counselor from another school district, a volunteer community counselor, or a liaison from a nearby university counseling program. Additionally, school counselors should prepare to seek outside counseling for themselves following such a tragedy. McAdams and Foster (2002) emphasized that seeking counseling following a client suicide is of great value and that many counselors hesitate to do so, resulting in heightened stress levels for months or even years after the event.

Although clinical supervision for school counselors is often unavailable, such supervision could also assist in minimizing negative impacts on the school counselor. Therefore, school counselors should practice self-care and encourage all those working to minimize the impact of such a crisis to do the same.

Ongoing Care

The last module of an effective postvention program involves continuous monitoring of the school population and evaluation of the crisis response. It is commonly suggested that schools resume a normal schedule as soon as possible after a student death, while recognizing that students will recover from the crisis and the experience of grief in varying time frames (Siehl, 1990, Celotta, 1995; Slate & Scott, 2009). Particular attention should be paid to the emotional status of the students, especially those who were close associates of the deceased; are currently in treatment for mental health issues or have a personal or family history of such issues, particularly depression, anxiety, and substance abuse disorders; those who have a past history of suicide attempts; and those who have been identified by concerned others such as parents and teachers (Parrish & Tunkle, 2005; Kerr, 2009). Black (2005) recommended that school counselors ask teachers and other school staff to watch for grieving students who are disoriented, forgetful, confused,

inpatient, sad, inattentive, and disruptive, as well as those whose grief resurfaces months after a death. Additionally, following a suicide, students should be monitored for school attendance and shifts in academic or social behavior that could be indicative of a need for additional assistance. Siehl reported that the emotional aftermath of a suicide may continue for years. Therefore, it is important to closely monitor high-risk students for 6 months after the suicide, and less intensely for 1 to 2 years thereafter. Although the specifics of such a monitoring system are not addressed in the literature, school counselors may consider checking in with identified students on a regular basis, soliciting the assistance of significant individuals close to the student (teachers, parents, coaches, etc.) in reporting any concerns they may have to the school counselor, conducting school-wide assessments such as a depression screening, and conducting classroom guidance sessions on suicide prevention in which resources for assistance are provided to all students.

Following the implementation of all aspects of the postvention plan, it is vital that a school counselor respond to the call for accountability outlined by the ASCA National Model (2003) by evaluating the effectiveness of the plan and its execution. This activity is not only a response to the mandate of accountability, but also a way to determine the impact of the program on the students and school community, and elucidate strategies to provide future direction.

Accountability and Advocacy

The last piece of a successful postvention is to evaluate the effectiveness of the plan and its execution as a part of an overall goal of accountability for the developmental school counseling program. Evaluation is different from research in that evaluators are not tasked with trying to generalize results to other schools or populations; rather, the main focus is on assessing the impact of programming on the students in a specific school and in demonstrating the value of the school counseling program to a school community (Brown & Trusty, 2005). The ASCA National Model (2003) provides an outline for completing a results report to evaluate the effectiveness of a program that includes information about what need the program addressed, the description of the activity and plan utilized, who was responsible for various aspects of the intervention, how the program was assessed, and the final outcome of the evaluation. Methods for evaluation of such programs are numerous, but may include interviews, surveys, classroom or small group observation, or case studies. Regardless of the format, King (1999) advised asking supportive but informative questions of the school community, including students, teachers, administrators, and parents. Questions such

as "what activities did we perform," "what was most helpful and what was least helpful," and "what other activities or procedures should we have considered?" may help explicate specific information regarding the value of various interventions. These types of procedures should occur at least a few months after the loss to allow for more objectivity. Activities such as these are useful to ensure that future responses to student suicides do not repeat ineffective responses of the past, and can help to make necessary alterations or improvements to existing prevention and postvention plans.

Although the goal of evaluation is to promote understanding of the impact of programming in a particular school, another aspect of the school counselor role is to serve as an advocate for school transformation and systemic change at the all levels: local, state, regional, and national (Curry & DeVoss, 2009; Kaffenberger, Murphy, & Bemak, 2006). Promoting the role of the school counselor in developing, implementing, and evaluating effective and efficient suicide postvention plans for all schools is a matter of advocacy that could impact the training of school counselors, public opinion of school counseling programs, and resources provided to schools for suicide prevention programs and postvention efforts. There is a significant lack of research related to suicide postvention in schools. Most of the recommended steps in

postvention planning for schools have been suggested in a theoretical manner, based on experience and ideas about best practices. Although there is certainly room for research on this topic by counselor educators and others tasked with conducting research, school counselors who are actively planning and implementing response programs in the field are best placed to respond quickly to the situation and manage ongoing evaluation efforts. However, many school counselors have had inadequate training in evaluation procedures, have limited time for accountability practices, or are simply unsure as to how to disseminate information to others on their findings (Trevisan & Hubert, 2001). In this case, consultation and collaboration between practicing school counselors and counseling researchers may be especially warranted.

Conclusions

It is crucial that school counselors be prepared for crisis situations, including the suicide of a student. If a school has a suicide postvention plan, the school counselor should familiarize him- or herself with it and ensure that all key personnel have access to and knowledge about this important document. In cases where schools do not have a plan in place, it is vital that the school counselor advocate for the development of such a plan and participate in educating other school personnel on the importance of preparation

for these types of crisis situations. Additionally, it is important that school counselors educate themselves about crisis response, grief reactions, suicide prevention, assessment, and postvention. Although many school counselors may not have extensive training in these areas during formal course work, it is imperative that they advocate for this type of training in their preparation programs and seek out additional continuing education opportunities such as attendance at conferences and workshops. The steps outlined above should assist school counselors in developing new plans and evaluating current plans; however, these recommendations should be considered in the context of the needs of a particular school and community during the crisis. Finally, school counselors must be aware of the potential impact of student suicide on themselves as professionals and as emotional beings. Self care is of vital importance during and after any tragedy of this magnitude.

In conclusion, it is probable that a school counselor will encounter a student suicide at some point in his or her career. It is clear that the school counselor has a responsibility to endorse the development of a working postvention plan and organize counseling efforts in the aftermath of a student suicide. An effective postvention plan may reduce the risk of future student suicides, ensure self-care practices for postvention team members

including the school counselor, minimize negative impact on students and school personnel, and promote healing of the entire school community should such a tragic event occur. It is imperative that school counselors advocate for these plans, seek out training opportunities that will enhance both clinical and managerial skills necessary to effectively navigate situations involving student suicide, evaluate any implemented programs, and publish the results of such assessments in order to help all school counselors advocate for and implement effective suicide postvention plans in schools.

References

Allen, M., Burt, K., Bryan, E., Carter, D., Orsi, R., & Durkan, L. (2002). School counselors' preparation for and participation in crisis intervention. *Professional School Counseling, 6,* 96-103.

Alexander, J. A., and Harman, R. L. (1988). One counselor's intervention in the aftermath of a middle school student's suicide: A case study. *Journal of Counseling and Development, 66,* 283-285.

American School Counseling Association. (2000). *Crisis in the schools.* Retrieved May 24, 2010 from http://www.school counselor.org/content.asp?contentid=533

American School Counselor Association. (2003). The ASCA national model: A framework for school counseling programs. Alexandria, VA: Author.

American School Counseling Association. (2007). *The professional school counselor and crisis/critical incident response in the schools*. Retrieved July 6, 2010 from http://asca2.timberlakepub lishing.com//files/PS_Crisis_Critical.pdf

Black, S. (2005). When children grieve. *American School Board Journal, 192,* 28-30.

Bridge, J. A., Goldstien, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry, 47,* 372-394. doi:10.1111/j.1469-7610.2006.01615.x

Brock, S. E., & Hart, S. (2006). *School suicide postvention: The school's response to the student suicide* [PowerPoint slides]. Retrieved from http://www.csus.edu/indiv/b/brocks/ Workshops/NASP/NASP%20Suicide% 20Postvention%20Slides.pdf

Brown, D., & Trusty, J. (2005). *Designing and leading comprehensive school counseling programs: Promoting student competence and meeting student needs.* Belmont, CA: Brooks/Cole.

Callahan, J. (1996). Negative effects of a suicide postvention program: A case example. *Journal of Crisis Intervention and Suicide Prevention, 17*(3), 108-115.

Capuzzi, D. (2002). Legal and ethical challenges in counseling suicidal students. *Professional School Counseling, 6,* 36-45.

Celotta, B. (1995). The aftermath of suicide: Postvention in a school setting. *Journal of Mental Health Counseling, 17,* 397-413.

Centers for Disease Control and Prevention. (2008, August 4). *Youth suicide*. Retrieved from:http://www.cdc.gov/ncipc /dvp/suicide/youthsuicide.htm

Eschbach, L. (2005). School-based crises. In B. G. Collins & T. M. Collins (Eds.), *Crisis and trauma: Developmental-ecological intervention* (pp. 407- 463). Boston, MA: Lahaska Press.

Johnson, K. (2000). *School crisis management: A hands-on guide to training crisis response teams* (2nd ed.) Almeda, CA: Hunter House.

Kaffenberger, C. J., Murphy, S., & Bemak, F. (2006). School counseling leadership team: A statewide collaborative model to transform school counseling. *Professional School Counseling, 9,* 288-294.

Kalafat, J. (1990). Adolescent suicide and the implications for school response programs. *School Counselor, 37,* 359-670.

Kerr, M. M. (2009). *School crisis prevention and intervention*. Columbus, OH: Pearson.

Kerr, M. M., Brent, D. A., McCain, B., & McCommons, P. S. (2006). *Postvention standards manual: A guide for a school's response in the aftermath of a sudden death* (5th ed.). Pittsburgh, PA: University of Pittsburgh, Services for Teens a Risk (STAR-Center).

King, K. (1999). High school suicide postvention: Recommendations for an effective program. *American Journal of Health Studies, 15,* 217-223.

Laux, J. M. (2002). A primer on suicidology: Implications for counselors. *Journal of Counseling and Development, 80,* 380-384.

LivingWorks Education Inc. (2005). A*pplied Suicide Intervention Skills Training ASIST workbook*. Fayetteville, NC: LivingWorks Education USA Inc.

Maples, M. F., Packman, J., Abney, P., Daughtery, R. F., Casey, J. A., & Pirtle, L. (2005). Sucide by teenagers in middle school: A postvention team approach. *Journal of Counseling and Development, 83,* 397-405.

McAdams, C. R., & Foster, V. A. (2002). An assessment of resources for counselor coping and recovery in the aftermath of client suicide. J*ournal of Humanistic Counseling, Education, and Development, 41,* 232-241.

McGlothlin, J. M. (2008). *Developing clinical skills in suicide assessment, prevention, and treatment.* Alexandria, VA: American Counseling Association.

National Suicide Prevention Lifeline. (n.d.) *Lifeline online postvention manual.* Retrieved December 8, 2010, from http://www.sprc.org/grantees/ statetribe/2010/7A_2_Handout.pdf.

Parish, M., & Tunkle, J. (2005). Clinical challenges following an adolescent's death by suicide: Bereavement issues faced by family, friend, schools, and clinicians. *Clinical Social Work Journal, 33,* 81-102. doi:10.1007/s10615-005-2621-5

Parsons, R. D. (1996). Student suicide: The counselor's postvention role. *Elementary School Guidance and Counseling, 31,* 77-81.

Roberts, R. L., Lepkowski, W. J., & Davidson, K. K. (1998). After a student suicide: The team approach. *Education Digest, 64,* 50-56.

Roberts, W. B. (1995). Postvention and psychological autopsy in the suicide of a 14-year-old public school student. *School Counselor, 42,* 322-331.

Shneidman, E. S. (1981). Suicide: Thoughts and reflections, 1960–1980. *Suicide and Life-Threatening Behavior, 11,* 198-359.

Siehl, P. M. (1990). Suicide postvention: A new disaster plan- what a school counselor should do when faced with suicide. *School Counselor, 38,* 52-58.

Slate, C. N., & Scott, S. A. (2009, March). *A discussion of coping methods and counseling techniques for children and adults dealing with grief and bereavement.* Paper based on a program presented at the American Counseling Association Annual Conference and Exposition, Charlotte, NC.

Thompson, R. A. (1995). Being prepared for suicide or student death in schools: Strategies to restore equilibrium. *Journal of Mental Health Counseling, 17,* 264-277.

Trevisan, M. S., & Hubert, M. (2001). Implementing comprehensive guidance program evaluation support: Lessons learned. Professional *School Counseling, 4,* 225-228.

Westefeld, J. S., Range, L. M., Rogers, IR, Maples, M. R., Bromley J. L., & Alcorn, J. (2000). Suicide: An overview. *The Counseling Psychologist, 28,* 445-510. doi: 10.1177/0011000000284002

Wolfe, J.A., Mertler, C. A., & Hoffman, J. S. (1998). Do increasing adolescent suicide rates result in increasing prevention/postvention programs in Ohio schools? *Education, 118,* 426-439.

Zinner, E. S. (1987). Responding to suicide in schools: A case study in loss intervention and group survivorship. *Journal of Counseling and Development, 65,* 499-501.

The Lived Experience of Black Collegiate Males with Absent Fathers: Another Generation

Angie D. Cartwright
Richard C. Henriksen Jr.
Sam Houston State University

T*he phenomenon of absent fathers is increasing in the Black community and insight from Black males raised in these households is needed to understand how they persevere and succeed. This study explored the life experiences of collegiate Black males raised in absent father homes. Five themes emerged, which included a male role model/mentor, a supportive mother, desire to achieve an education, respect for their fathers, and resilience. The authors discuss these themes and present implications for future studies focused on counselors working with Black males raised in absent father households.*

Keywords: Black males, absent fathers, single mothers

Over the last four decades there has been a drastic increase in the number of children growing up in fatherless homes, and today approximately 25% of children are being raised in homes led primarily by mothers and grandmothers (Kissman, 2001; Snyder, McLaughlin, & Findeis, 2006). According to Kissman, only 50% of divorced fathers see their children, and even fewer never married fathers see their children. DeBell (2008) noted that 69% of Black students in kindergarten through 12th grade live in fatherless homes.

The absence of fathers is a major factor in many issues such as crime and delinquency, premature sexuality, poor educational achievement, and poverty, which have negatively

Author Note:

Angie D. Wilson and Richard C. Henriksen Jr., Department of Educational Leadership and Counseling, Sam Houston State University.

Correspondence concerning this article should be addressed to Angie D. Wilson, Sam Houston State University, College of Education, Department of Educational Leadership and Counseling Box 2119, Huntsville, TX 77341-2119, or email address stdadc26@shsu.edu.

impacted society (Popenoe, 1996). Incarceration rates for young Black males are six to eight times higher than they are for young White males (Pettit & Western, 2004) and incarceration has become a common issue for Black males without college educations. Pettit and Western also found approximately 30% of Black males without a college education spent time in prison by their mid-thirties. Approximately 30% of all Black males have been incarcerated and this number is doubled for Black males who dropped out of high school (Pettit & Western). Additionally, Cook and Córdova (2007) reported that, in 2005, 73.5% of Black males between the ages of 18-24 graduated from high school but only 38% of those graduates enrolled in college.

The purpose of this study was to explore the experiences of collegiate Black males raised in absent father households. In this research study, the term absent father is used to describe a strained relationship between father and son resulting in little contact between father and son. Exploring the experiences of Black collegiate males raised in absent father households could assist counselors seeking to help Black males with their advancement toward success. Focusing on the experience of living fatherless, the following research question guided this study: What does the relationship between father and son mean to the collegiate Black male student?

Living with an Absent Father

The majority of prisoners, juvenile detention inmates, high school dropouts, pregnant teenagers, adolescent murderers, and rapists come from fatherless homes, and the effects of growing up in absent father homes can last for a lifetime (Baskerville, 2004; Daniels, 1998). Researchers focusing on Black males who place importance on education indicated resiliency played a major role in their process of completing baccalaureate degrees (Warde, 2008). Warde (2008) defined resiliency as the internal drive and desire to persist towards goals when circumstances become difficult and when faced with challenges. According to Harbowski, Maton, and Grief (1998), parents can instill in their sons the belief that their success or failure depends on their efforts to excel, succeed, and achieve in spite of racism and societal barriers. Even though Black males have been categorized as one of the most at risk populations in education (Carson, 2004; Jackson & Moore, 2006; Sue & Sue, 2007), researchers have demonstrated that familial support is a crucial factor for successful Black children who overcame adversity (Harbowski, Maton, & Grief, 2006; Johnson-Garner & Meyers, 2003; Jones, Zalot, Foster, Sterrett, & Chester, 2007).

Method

Using a phenomenological approach (Moustakas, 1994) for data collection and data analysis procedures, the authors conducted interviews with Black male college students to gain insight into their experience with fatherlessness. This allowed for a deeper understanding of this cultural phenomenon (Moustakas, 1994).

Participants

Five Black male college students from two southeast Texas universities participated in this study. Criterion sampling was used to select the participants (Creswell, 2007; Maxwell, 2005). All participants were raised in an absent father household and each participant selected a pseudonym to use in the study in order to provide anonymity. The names selected were Joe, Muhammad, Pablo, Tony, and Ernest. In the case of each participant, none of their fathers were married to their mothers at the time of this study.

At the time of the study Joe was 21 years old and a senior with a 3.4 GPA at the university he attended. He graduated from high school with a 3.7 GPA and participated in athletic activities and band. Joe's father was present in the home while he was growing up, but Joe did not believe his father was a part of their household or family. Joe referred to his father as "a fixture in the house." Joe's parents eventually divorced, which ended the relation-ship between Joe and his father. Joe's father was an alcoholic, and would leave home and not return home for several days at a time. According to Joe, he participated in this study because he wanted to help others who may have similar life experiences.

Muhammad was 19 years old at the time of the study. His father had a total of ten children. Muhammad recalled having a bond with his father in his younger years even though his father never lived in the home with him and never married his mother. Muhammad stated that his father used to pick him up for a few hours at a time, but he said during his middle school years something happened, which was when he realized his mother did everything for him, and his father did nothing. The last time Muhammad saw his father was several years ago at his high school graduation. Muhammad referred to his father as a "sperm donor" and to his mother as both mom and dad. Muhammad was named the Godfather of his friend's child. He takes his role as Godfather seriously, and said that he would like to be the male role model for his Godchild. He graduated high school with a 3.0 GPA, and is currently a sophomore with a 3.0 GPA.

Pablo was a 19 year old university sophomore at the time of the study. He recalled a time, when he was younger, that he looked up to his father because he was a police officer. Pablo's father and mother were

never married and his father was physically abusive to his mother. He spent his summers with his father but that ended during his teenage years because the visits were stressful and lacked enjoyment. His father married another woman and had children with her, which further strained the relationship because his father paid attention to his new family and not Pablo. Pablo's mother married when he was in high school and he has a good relationship with his step-father. He also noted that he regrets not having memories of his father and his sister together. He graduated high school with a 3.4 GPA and currently holds a 2.75 GPA.

Tony was 21 years old at the time of the study, and his story is somewhat different than the other participants. Tony's father married a woman who is not his mother, and they have been married for almost 20 years. His father has children with his stepmother, and according to Tony they (his father, stepmother, and half-siblings) live like a typical family. He had the experience of living with his father for a year and a half during his adolescent years. Tony's mother made the suggestion that he live with his father due to behavioral problems both at home and at school. According to Tony, during the short time that he lived with his father and his step mother, he learned about respect and discipline. However, Tony harbored feelings of resentment toward his half siblings, because they

had the opportunity to live with and be raised by their father. Tony moved back with his mother, sought guidance from his uncle, his pastor, and a mentor, and completed high school with a 3.0 GPA. At the time of the study he was a senior maintaining a 3.25 GPA.

At the time of the study, Ernest was a 20 year old university sophomore. He is an only child. Though his parents planned on getting married, they never married and the relationship between his mother and father became a dysfunctional one. Ernest's father was absent in the home, but typically came around for holidays starting his freshman year in high school. Ernest stated that his grandfather was never in his father's life and that his father never met his grandfather. Ernest's mother completed her bachelor's degree at the age of 40; however, Ernest remembered a time when his mother lost her job, and it was difficult financially for over a year. Ernest received guidance from church members, family members, and his troop leader from the Boy Scouts of America. He persevered and graduated high school with a 3.2 GPA and currently holds a GPA of 3.47. He is involved in cultural organizations and is a member of a fraternity.

Limitations

There are several limitations to this study. One limitation is that the participants' views

may only represent their age group and may not be transferable to other age groups. Additionally, the results are limited to the men in this study and are not transferable to other men, nor are they transferable to women. Because each participant's experiences and exposure to his father is unique, no internal generalization about those experiences could be made. The participants in this study were also from two universities in Southeast Texas, and the results may not be transferable to other men with similar life experiences in other areas of the state or country.

Data Collection and Analysis

Participants for this study were recruited from a Southwestern university using snowball sampling (Miles & Huberman, 1994). They were recruited based on meeting the criteria for the study: being a college student with an absent father as defined in this study and having the potential to provide thick data. Neither of the researchers had any personal knowledge of or relationship to the participants. The interviews were conducted by the first author and used both grand tour and follow-up questions with the purpose of "obtaining unique information or interpretation[s] held by the person interviewed" (Stake, 2010, p. 95). The four grand tour interview questions asked of each participant included: Tell me about your father as you were growing up. How did your relationship with your father impact your decision to attend college? Has your relationship with your father affected your feelings about your place in society? What does your relationship with your father mean to you? Follow-up questions were utilized in order to obtain more details regarding the grand tour questions. The interview questions were generated following the literature review and were also designed to answer the research question.

A protocol for observing participants during the interviews was developed and included observing emotional reactions to questions, facial expressions of participants, and overall emotional reaction to the interview (Creswell, 2007). Moustakas' (1994) adapted version of the Stevick-Colaizzi-Keen method was used in the data analysis process to identify the meaning of the participants' experiences. Using this method, we collected the various forms of data, transcribed all participant interviews, and identified each non-repetitive statement as an invariant horizon, which was then clustered into themes to describe the essence of the participant's experience. Next, we created a textural-structural description of the participant's experience using verbatim statements from the participant's interviews. Member checking was used during the data analysis process to refine the themes noted and to also ensure accuracy of the findings (Miles & Huberman, 1994). Member checks were used

to allow the participants a chance to provide feedback on the themes developed during the data analysis. The initial four interviews provided the rich, thick data necessary for our data analysis and a fifth interview was added to ensure saturation. No new information was found in the fifth interview, suggesting that saturation was achieved.

Results

The participants of this study shared five common themes. These themes were (a) a male role model or mentor, (b) a supportive mother, (c) wanting to achieve an education, (d) respect for their fathers, and (e) resiliency.

Role Model or Mentor

All five participants expressed how important a male role model was in order to talk about things that may have been uncomfortable to discuss with their mothers while growing up. When asked about influential figures in his life, Tony stated, "my youth pastor, then my uncle, and around my senior year in high school he became my mentor." The mentor Tony speaks of was assigned to him through a mentorship program that assists young men in preparing for life after high school. After the interview was completed, Tony shared that his mentor helped him get acclimated to the collegiate environment as well as took him on a trip to France for a convention to expose him to a different culture.

In contrast, Pablo had a stepfather during the later years of high school. He stated,

My step dad taught me how to trim trees and do stuff around the house. He would take me to school and he taught me how to drive. He took me to buy my suit for prom, and he let me drive his car.

Pablo's facial expressions and fast speaking indicated he was excited about having not only a male figure to look up to, but one who spent time with him, as he later stated in the interview. Ernest stated that members of his church, family members, and his troop leader from Boy Scouts of America were instrumental in helping him grow into a mature young man. Ernest stated, "I was in different organization[s] and [had] lots of family members and friends that were males that kind of taught me some of the things to do."

All of these young men had role models while growing up and some of them are role models to others now. Joe is the role model to his younger cousin who is struggling with life situations, has recently earned a General Equivalency Diploma, and is trying to attend college. Joe stated, "I am doing it for myself, but to be able to lead him and let him know this is the way you can go. I want him to know that he can do it because I did it. I am doing it." Muhammad, on the other hand, was recently named the Godfather of a close friend's son, and he is trying to be a role model and father figure in this child's life. He stated,

"He does not have a father so I am trying to step up in that place and be a better man, because I know what it is like. It helps me to be the best I can be."

Supportive Mother

Every participant spoke of a supportive mother who helped them through tough situations growing up and while attending college. Joe, whose father was present in the home but absent verbally and emotionally, stated, "He would come home after work every day except pay day, but he would stay gone for a week sometimes. We always knew what he was doing because when he did come home he would be wasted." Joe continued to say that the disconnection between him and his father helped him to form a closer relationship with his mother, who taught him to stay motivated and encouraged him to be successful. Another participant, Muhammad said,

> My mom and I have a close relationship; there is nothing I have not talked to her about. Not a single subject. I realize my relationship with my mother helped me; I am more of a gentleman than I think I would have been. Who better to teach you about women than a woman?

Muhammad spoke about his mother several times through the interview and at one point stated, "I call my mom my dad (and laughed) she keeps me sane."

In contrast to the others, Tony and his mother had difficult times as he was growing up. Tony was sent to live with his father after getting in trouble and being rebellious in the fifth grade. Tony said, "I thought I was going to live there forever, but it ended up being a year and a half," and he was able to see the difference in the respect that he gave his father and his mother. Tony also commented on how he now realizes his mother was attempting to enforce rules and stop him from heading down the wrong road with the wrong types of peers. Tony stated that he and his mother have a strong relationship and that she is a huge influence in his life.

Breaking the Mold

Each participant addressed society's view of Black males and the stereotypes portrayed by the media. Each addressed how they viewed their place in society, and how they have personally tried to reshape the image of the Black male. The participants provided words such as trifling, promiscuous, thugs, uneducated, dead beat fathers, broke, and ignorant as words they have heard used to describe Black men. Pablo and Joe expressed thoughts that demonstrated the feelings of all of the participants. Pablo stated, "I am working to get rid of that [stereotype], I do not want anyone to look at me and think I am lazy." Joe stated, "It's motivation knowing that society expects you to be one way and

when they meet you the look on their faces change. I want to prove them wrong." However, Tony's words demonstrated the sadness each of the participants felt as young Black men when he stated,

> I feel threatened sometimes, and I think the prejudice is still out there. Society is more willing to accept the contributions of a Black female than a Black male. I think as Black men, we have to work ten times harder.

Respect for Fathers

A commonality found in each participant's words was that they respected their fathers and their relationships with them. In fact, after receiving the transcripts and themes via email, Tony voiced concern about the possibility of having a negative tone when speaking of his father. Joe, Pablo, and Tony each made reference to not talking negatively about their fathers, and not wanting to be disrespectful toward their fathers. Pablo's words reflected the thoughts of these three participants, "My dad is not a bad man, he just missed out on a lot."

Resiliency

Despite the hardships and confusion the participants experienced while growing up, these men persevered and are improving themselves and society. For example, Joe is a member of a fraternity and a member of two academic societies. He is proud to be graduating in four years despite personal circumstances that required him to transfer to another university and get a job to take care of his family. For Joe, knowing he had a younger cousin looking up to him helped him to stay on track. Tony faced many difficulties growing up, and there were instances in which he had disciplinary problems. He described himself as rebellious during his middle school and some of his high school years. However, Tony and Ernest are both leaders on their campuses, and they are involved in several organizations.

Both Muhammad and Joe pride themselves on being self sufficient. Their resiliency is evident through their perseverance and hard work. Muhammad said, "To make it in society, you have to go to school and get an education. So my choice was an easy choice." Pablo is confident and proud of his accomplishments; he stated, "I have a job, I have paid my way through school, my apartment, my groceries, I paid for it all." Pablo went on to say, "I don't think I should ask my mom for much because she has supported me fully and done so much for me." Ernest stated, "It just goes back to not giving up and when I'm going through something I pray a lot and just rely on my faith." Ernest mentioned the importance of being somebody and setting goals. He shared his goals of becoming an attorney, and he stated, "At the end of my life I just don't want to be just somebody that was just a nobody."

Discussion and Implications

The themes found in this study are similar to the themes found in a study conducted by Warde (2008). One major difference between this study and Warde's study was the emergence of a fifth theme, respect for fathers. Although the participants desired a closer relationship with their fathers and they felt like they missed out on an important part of being a man, they exhibited respect for their fathers. This study extended to a younger age group than that in Warde's 2008 study. Similar themes continue to emerge with different age groups. The newly identified theme, the respect these men had for their fathers, adds to this growing body of literature.

Having a male role model or mentor was important to each participant in the study. They spoke of uncles, step fathers, pastors, and mentors who helped teach them about manhood. Warde (2008) and Frieman and Berkeley (2002) identified the importance for young boys to have male figures and mentors in their lives. Zimmerman, Bingenheimer, and Notaro (2002) noted urban youth with mentors are less likely to partake in delinquent behavior and had more positive attitudes towards education. Future research focusing on the impact of mentor programs with Black males raised in absent father homes could help increase the allocation of resources for youth programs designed to assist this population.

Further research is needed to assess the influence mothers have on their children's perceptions of absent fathers, and if it affects the relationship between children raised in absent father homes and their fathers. Another area that also needs to be explored in future research with Black males is the influence the mother's level of education has on the desire for Black males to attend college. Future studies focusing on the different life experiences of those who have positive views of their life experiences and those who view themselves as victims of their life experiences are also needed. Resiliency was key to the success of those who participated in this study, like those who participated in Warde's study (2008). The participants displayed their resilience by overcoming adversity and being able to set goals as well as accomplish them. According to Greene, Galambos, and Lee (2003), internal factors such as temperament, attitude, and community welfare contributed to resilience, and supplementing the information obtained in this study with examination of resilience, mentorship, and community programs could help determine needed policy changes for educators and government programs.

This study provides insight into the experiences of Black collegiate males who grew up in absent father homes. Though the participants in this study faced hardships and difficult times growing up, they were resilient

and are in the process of obtaining the American dream by achieving a collegiate education. The results of this study can serve as a starting point for counselors working with adolescent Black males to discuss the impact and needs of those who grew up in absent father homes and the importance of obtaining higher education. Future research focusing on the emotional, social, and educational needs of males being raised in absent father homes will also assist counselors and educators working with men from absent father homes.

References

Baskerville, S. (2004). Is there really a fatherhood crisis? *The Independent Review, 8*, 485-508.

Carson, J. E. (2004). *Life histories of successful Black males reared in absent father families*. Unpublished doctoral dissertation, The University of Toledo, Toledo, OH.

Cook, B. J., & Córdova, D. I. (2007). *Minorities in higher education: Twenty-second annual status report 2007 supplement*. Washington, D.C.: American Council on Education. Retrieved from http://www.acenet.edu/AM/Template.cfm?Section=CAREE&Template=/CM/ContentDisCont.cfm&ContentID=23716

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Daniels, C. R. (1998). *Lost fathers*. New York, NY: St. Martin's Press.

DeBell, M. (2008). Children living without their fathers: Population estimates and indicators of educational well-being. *Social Indicators Research, 87,* 427-443. doi: 10.1007/s11205-007-9149-8

Frieman, B. B., & Berkeley, T. R. (2002). Encouraging fathers to participate in the school experiences of young children: The teacher's role. *Early Childhood Education Journal, 29,* 209-213.

Greene, R. R., Galambos, C., & Lee, Y. (2003). Resilience theory: Theoretical and professional conceptualizations. *Journal of Human Behavior in the Social Environment, 8*(4), 75-91. doi: 10.1300/J137v08n04_05

Harbowski, F. A., Maton, K. I., & Grief, G. L. (1998). *Beating the odds: Raising academically successful African American males*. New York, NY: Oxford University Press.

Harbowski, F. A., Maton, K. I., & Grief, G. L. (2006). *Father-son relationships: The father's voice*. Mahwah, NJ: Lawrence Earlbaum Associates.

Jackson, J. F. L., & Moore, J. (2006). African American males in education: Endangered or ignored? *Teachers College Record, 108,* 201-205. doi: 10.1111/j.1467-9620.2006.00647.x

Johnson-Garner, M. Y., & Meyers, S. A. (2003). What factors contribute to the resilience of African-American children within kinship care? *Child & Youth Care Forum, 32,* 255-269.

Jones, D. J., Zalot, A. Z., Foster, S. E., Sterrett, E., & Chester, C. (2007). A review of childrearing in African American single mother families: The relevance of a co-parenting framework. *Journal of Child and Family Studies, 16,* 671-683. doi: 10.1007/s10826-006-9115-0

Kissman, K. (2001). Interventions to strengthen noncustodial father involvement in the lives of their children. *Journal of Divorce & Remarriage, 35,* 135-148

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage Publications.

Pettit, B., & Western, B. (2004). Mass imprisonment and the life course: Race and class inequality in U.S. incarceration. *American Sociological Review, 69,* 151-169.

Popenoe, D. (1996). *Life without fathers.* New York, NY: Kessler Book.

Snyder, A. R., McLaughlin, D. K., & Findeis, J. (2006). Household composition and poverty among female-headed households with children: Differences by race and residence. *Rural Sociology, 74,* 597-624.

Stake, R. E. (2010). *Qualitative research: Studying how things work.* New York, NY: Guilford Press.

Sue, D. W., & Sue, D. (2007). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Warde, B. (2008). Staying the course: Narratives of African American males who have completed a baccalaureate degree. *Journal of African American Studies, 12,* 59-72. doi: 10.1007/s12111-007-9031-4

Zimmerman, M. A., Bingenheimer, J. B., & Notaro, P. C. (2002). Natural mentors and adolescent resiliency: A study with urban youth. *American Journal of Community Psychology, 30,* 221-241.

The Effect of Ethnicity on Multicultural Competence

Nathaniel N. Ivers
The University of Texas at San Antonio

The contribution of ethnicity to counseling students' multicultural counseling competence (MCC) was revisited and expanded upon by examining differences among and between European American, African American, and Latino counseling students. Results revealed that Latino counseling students self-reported higher multicultural counseling competence than African American and European American counseling students. No difference in multicultural counseling competence was revealed between African American and European American counseling students. Implications for future research and multicultural training are discussed.

Keywords: multicultural counseling competence, ethnicity, diversity

The United States continues to become increasingly diverse. The latest U.S. Census Bureau (2010) data revealed a 9.7% increase in the overall U.S. population between 2000 and 2010. The majority of this growth has come from people who self-identify as a race other than White and from those who describe their ethnicity as Hispanic or Latino (U.S. Census Bureau, 2010). These demographic shifts in the United States underscore the importance of effective multicultural counseling training. An important ingredient in the development of effective multicultural counseling training is an understanding of factors that influence counselors' multicultural competence.

Author Note:

Nathaniel N. Ivers, Ph.D., LPC, NCC, HS-BCP, Assistant Professor, The University of Texas at San Antonio, Department of Counseling. Nathaniel N. Ivers is now at Department of Counseling, Wake Forest University.

Correspondence concerning this article should be addressed to Nathaniel N. Ivers, Department of Counseling, Wake Forest University, P.O. Box 7406, Winston-Salem, NC 27109, (e-mail: iversnn@wfu.edu).

In 1982, Sue et al. called for helping professions to focus more specifically on cross-cultural, or multicultural, factors that influence counseling and counseling relationships. The authors also proposed a framework for understanding multicultural counseling competence (MCC) called the tripartite model. In the tripartite model, MCC is conceptualized in terms of counselors' multicultural knowledge, beliefs and attitudes (self-awareness), and skills. Since 1982, the model has been expanded (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998) and operationalized (Arredondo et al., 1996). Nevertheless, the main dimensions of the model–knowledge, awareness, and skills–have remained.

In the 1992 model, Sue, Arredondo, and McDavis listed a total of 31 competencies counselors should possess to work effectively with diverse clients. The authors developed a 3 x 3 (characteristics [awareness of personal assumptions, values, and biases; understanding of worldview of culturally different clients; development of appropriate intervention strategies] x dimensions [knowledge, beliefs and attitudes, and skills]) matrix to clarify elements they consider essential to multicultural competence. Multicultural knowledge includes counselors' understanding of their own worldview, knowledge of cultural groups with whom the counselor works, and recognition of sociopolitical factors that impact diverse clients' lives. Beliefs and attitudes

encompass counselors' values associated with different cultural groups, their ability to recognize and hold in check stereotypes of different culture groups, a celebration of diversity, and an awareness of how their biases and negative attitudes can adversely influence counseling relationships. The skills dimension includes counselors' ability to interact appropriately and effectively with diverse clients as well as their ability to work to make systems and institutions more culturally sensitive.

The tripartite model has received empirical support (Worthington, Soth-McNett, & Moreno, 2007; Ponterotto, Fuertes, & Chen, 2000). The majority of these empirical studies have used MCC self-report instruments to measure participants' self-perceived MCCs (Ponterotto, 2000; see Hays, 2008 for a review of these instruments). Using this method, researchers have discovered that MCC is influenced by many factors including, for example, multicultural training, racial identity development, racial attitudes, empathy, emotional intelligence, race, and ethnicity (Constantine, 2002; Constantine & Gainor, 2001; Ladany, Inman, Constantine, & Hofheinz, 1997; Ponterotto et al., 2000).

A number of researchers utilizing MCC self-report instruments have found that minority counseling participants rate themselves higher on their MCCs than do their European American counterparts (i.e., Pope-Davis, Reynolds, Dings, & Nielson, 1995;

Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Sodowsky, Taffe, Gutkin, & Wise, 1994). In addition, Constantine (2001), using MCC observer-ratings completed by advanced Ph.D.-level psychology students, reported that African American and Latino students had higher MCC observer ratings than did European American students. Constantine (2001) explained these results in terms of cross-cultural exposure, stating that the "potential salience of racial and ethnic issues in their lives, especially as members of numerical minority groups" (p. 460) likely enhanced ethnic minority counseling students' effectiveness in working with diverse clients. Sodowsky et al. (1998) also concluded that racial and ethnic minority students' recurrent exposure to a different culture (American majority culture) enhanced their MCCs. Results of the study revealed that Asian American, African American, and Latino counseling students self-rated their MCCs higher than did their European American counterparts.

These studies have shed light on differences between European American counseling students and minority counseling students concerning self-perceived and observed MCCs. However, these studies are dated and, therefore, limited in their generalizability to current counselors. This is especially apparent considering recent demographic shifts in the United States (U.S. Census Bureau, 2010) and the counseling profession's increased emphasis on multicultural counseling training in recent years (Dickson & Jepsen, 2007). Furthermore, these studies either neglected to analyze differences in MCCs between minority groups (e.g., African Americans vs. Latinos) or did not address, explain, or discuss differences. The current study compared the self-perceived MCCs of African American, Latino, and European American counseling students, using the following research questions as a guide: Are there differences between European American counseling students and minority counseling students (e.g., African Americans, Latinos) concerning self-perceived MCCs? Are there differences between minority subgroups, including differences between African American and Latino counseling students, concerning self-perceived MCCs? Based on the literature review, the author hypothesized that there would be differences between European American counseling students and minority counseling students regarding their self-perceived MCCs, with minority counseling students scoring higher than European American counseling students. The second hypothesis was that no difference would be found between minority groups concerning their self-perceived MCCs.

Method

Data for this study were collected as a *post hoc* analysis of a larger study examining the effect of increased death awareness and the moderating effect of self-esteem on counseling students' self-perceived MCCs. Participants were volunteers recruited through master's-level counseling classes in which a recruitment script was read and four instruments were administered. Particular attention was placed on acquiring an equitable sample of racially diverse participants by recruiting from a Historically Black University (HBU) and two Hispanic Serving Institutions (HSIs).

Participants

Participants in the larger study were 141 master's and doctoral counseling students (128 master's, 13 doctoral) currently enrolled in seven counseling programs located in the southeast and southwest regions of the United States. More than fifty-five percent (55.3%) of the participants identified as European American ($n = 78$), 24.8% identified as African American ($n = 35$), 13.5% identified as Hispanic/Latino/Latina ($n = 19$), 2.1% identified as Asian or Pacific Islander ($n = 3$), 1.4% identified as Bi/multiracial ($n = 2$), and 2.8% identified as Other ($n = 4$). Due to the low number of Bi/multiracial, Asian or Pacific Islander, and Other subgroups in this sample, participants from these subgroups were excluded from the analyses in this study. This

left comparisons between African American, Latino, and European American counseling students ($n = 132$). Of the remaining sample, the majority of participants were master's-level counseling students (91.6%; $n = 121$), females (81.1%; $n = 107$), Christian (e.g., Protestant, Catholic, Evangelical; 60.6%; $n = 80$), and heterosexual (93.9%; $n = 124$). Ages of participants ranged from 22 to 53 years. The majority of participants reported having completed a multicultural course (70.5%; $n = 93$), 15.6% ($n = 22$) reported being currently enrolled in a multicultural course, and 13.9% ($n = 17$) reported they had not yet enrolled in a multicultural course. Counselor training among participants ranged from zero semesters completed to more than four semesters completed, with a mode of "more than four semesters" (44.7%).

Instruments

Four instruments were used in the larger study. However, for purposes of this article, two instruments, a brief demographic questionnaire and the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994), were examined. Descriptions of these are given below.

Demographic questionnaire. A demographic questionnaire was administered to participants to obtain the following information: ethnicity, age, religious affiliation, sexual orientation, level of graduate education (i.e.,

master's, doctoral), years of counseling training, and previous multicultural training.

Multicultural Counseling Inventory. The MCI (Sodowsky, et al., 1994) was developed to operationalize the commonly accepted constructs of multicultural counseling competence (i.e., knowledge, awareness, skills) as defined by Sue et al. (1992, 1998), and to uncover other potential dimensions of MCC. The MCI is a 40-item instrument that is scored on a 4-point Likert scale ranging from 1 (very inaccurate) to 4 (very accurate). Scores are sums of item responses. Higher scores represent greater multicultural counseling competence. The MCI provides a total score and scores on four subscales: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. In the current study, the MCI was used to measure participants' self-perceived MCCs. The total MCI score and scores on each of the four subscales were examined.

The MCI has demonstrated good reliability and validity (Hays, 2008; Sodowsky et al., 1994). Sodowsky et al. (1994) reported a Cronbach's alpha of .86 for the MCI overall scale. In the current study, the alpha is .85. For the MCI subscales, Sodowsky et al. (1994) reported the following Cronbach's alphas: Skills, .81; Awareness, .80; Relationship, .67; and Knowledge, .80. In the current study, Cronbach's alphas for the subscale scores are as follows: Skills, .76; Awareness, .73; Relationship, .64; and Knowledge .70. Hays (2008) stated that the MCI has good criterion-related validity based on previous research (Sodowsky et al., 1998) in which counselors with more than 50% diverse clientele scored higher on the MCI than did counselors with less than 50% diverse clientele.

Data Analysis

Descriptive statistics, an analysis of missing data, and Cronbach's alpha were computed for the demographic questionnaire and the MCI. Statistical Package for the Social Sciences 19.0 (SPSS; SPSS, Inc, 2010) was used to analyze data. A one-way analysis of variance (one-way ANOVA) was computed to determine whether differences existed among African American, Latino, and European American counseling students concerning their self-perceived MCCs. After running one-way ANOVAs, a Bonferonni comparison was computed to analyze between group differences in self-reported MCCs.

Results

Descriptive Statistics and Reliabilities

Descriptive statistics, including ranges, means, standard deviations, and internal consistencies, were run for the MCI and MCI subscales. The range of scores for the MCI were similar to those reported by Sodowsky et al. (1994); however, some range restriction

occurred for the subscale scores. The current scale and subscale means and standard deviations also were similar to those reported by Sodowsky et al. (1994). However, the reliabilities in the current study were slightly lower for the Skill (.76 vs. .81), Awareness (.73 vs. .80) and Relationship (.64 vs. .67) subscales, and notably lower for the Knowledge subscale (.70 vs. .80). Descriptive statistics for each ethnic group were computed, with Latino counseling students scoring higher than African American and European American counseling students on the MCI overall scale and each MCI subscale (see Table 1).

Hypothesis Testing

A one-way ANOVA was run to test for differences in MCI scale and subscale scores among African American, European American, and Latino counseling students (see

Table 1

Racial and Ethnic Group Differences: Means, Standard Deviations, and Ranges

Dependent Variable	Ethnicity	N	Mean	SD	Range Min.	Max.
MCI Overall	African American	35	121.52	11.63	99	147
	European American	78	118.53	10.30	89	143
	Latino	19	132.08	10.56	116	149
MCI Knowledge	African American	35	34.04	3.40	28	41
	European American	78	33.93	3.41	26	42
	Latino	19	36.16	4.68	26	43
MCI Skills	African American	35	34.21	4.03	27	43
	European American	78	33.85	4.01	21	44
	Latino	19	36.95	3.36	32	42
MCI Relationship	African American	35	24.33	3.28	18	29
	European American	78	23.69	2.97	16	30
	Latino	19	26.74	3.00	19	31
MCI Awareness	African American	35	28.94	4.70	16	38
	European American	78	27.07	4.40	17	40
	Latino	19	32.24	4.44	26	39.5

Table 2). Significant differences with small effect sizes were found for the MCI Overall Scale $F (2, 129) = 12.26$, $p < .01$, $\eta p^2 = .16$ and three of the MCI subscales, including Skills $F (2, 129) = 4.80$, $p = .01$, $\eta p^2 = .06$, Awareness $F (2, 129) = 10.61$, $p < .01$, $\eta p^2 = .14$, and Relationship $F (2, 129) = 7.62$, $p < .01$, $\eta p 2 = .10$. No statistically significant difference was found for the Knowledge subscale $F (2, 129) = 3.01$, $p = .05$, $\eta p^2 = .04$.

To test specific between-group differences, a Bonferonni comparison was run (see Table 3). For the MCI Overall scale, Latino counsel-ing students scored statistically significantly higher than did African American and European American counseling students ($p = .002$ and $p < .001$, respectively). No dif-ference between African American and European American counseling students was revealed. Concerning the MCI subscales, no differences between groups on the Knowledge subscale were revealed. For the Awareness, Relationship, and Skills subscales, differences between Latino counseling students and the other two groups were revealed, with Latino counseling students scoring higher than

Table 2
One-Way ANOVA Results

		Sum of Squares	df	Mean Square	F	Sig.
MCI Overall	Between	2808.131	2	1404.066	12.255	.000 **
	Within	14779.148	129	114.567		
	Total	17587.279	131			
MCI Knowledge	Between	78.555	2	39.277	3.010	.053
	Within	1683.074	129	13.047		
	Total	1761.629	131			
MCI Skills	Between	148.292	2	74.146	4.792	.010 **
	Within	1995.810	129	15.471		
	Total	2144.102	131			
MCI Relationship	Between	142.267	2	71.134	7.617	.001 **
	Within	1204.710	129	9.339		
	Total	1346.977	131			
MCI Awareness	Between	427.762	2	213.881	10.615	.000 **
	Within	2599.243	129	20.149		
	Total	3027.004	131			

** $p < .01$
* $p < .05$

Table 3

Bonferonni Comparison between Racial / Ethnic Groups: Mean Differences and (Significance)

Dependent Variable	Ethnicity	European American	Latina/o
MCI Overall	African American	2.99 (.515)	10.56 (.002 **)
	European American		13.55 (.000 **)
MCI Knowledge	African American	0.11 (1.00)	2.11 (.126)
	European American		2.23 (.052)
MCI Skills	African American	0.36 (1.00)	2.74 (.048 *)
	European American		3.10 (.008 **)
MCI Awareness	African American	1.88 (.126)	3.30 (.033 *)
	European American		5.17 (.000 **)
MCI Relationship	African American	0.64 (.910)	2.41 (.020 *)
	European American		3.05 (.000 **)

** $p < .01$
* $p < .05$

European American and African American counseling students. Results did not indicate significant differences between African American and European American counseling students on the MCI overall scale or subscales.

Discussion

This study, as part of a larger study, revisited the contribution of ethnicity to counseling students' self-perceived MCCs. It expanded the counseling knowledge base by examining differences between ethnic minority groups (i.e., African Americans, Latinos)

regarding self-reported MCCs. Due to low sample sizes, those who identified as Asian or Pacific Islanders, Bi/Multicultural, or Other were excluded from analyses. Exclusion of these participants may have lowered the power of the analyses slightly and reduced variance. Inclusion of these groups, sample sizes permitting, may have resulted in additional between-group differences. Care should be taken in interpretation of results, as effect sizes were small.

Results revealed partial support of hypothesis 1, indicating that African American

and Latino counseling students self-rated their MCCs higher than their European American counterparts. Latino counseling students scored higher than did their European American counterparts on the MCI Overall scale and on the MCI Awareness, Relationship, and Skills subscales. These results support, to some extent, previous studies that compared ethnic majority and ethnic minority counseling students' MCCs (Constantine, 2001; Sodowsky et al., 1998). Similar to the conclusions of previous studies, these results may be explained by cross-cultural exposure. Based on their ethnic minority status, many Latino counseling students likely experience more cross-cultural interactions than do their European American counterparts. This daily exposure to and interaction with a different culture, the U.S. majority culture, may accelerate Latino students' multicultural counseling competency development. As Sue et al. (1992, 1998) pointed out, exposure to different cultures leads to greater multicultural counseling competence.

Conversely, in the current study, although African American counseling students self-rated their MCCs, on average, higher than did European American students, the differences were not found to be statistically significant. This finding is somewhat surprising considering the results and conclusions of previous studies. It may be that limitations associated

with self-report instruments and range restrictions of the MCI scale and subscales influenced the results. It also may be possible that African American counseling students enrolled at HBUs, who represent the majority of this sample, do not experience the same degree of daily exposure to cross-cultural interactions as do African American counseling student participants in previous studies. Further research that examines the relationship between ethnicity and MCCs may shed light on the differences in self-perceived MCCs between African American and European American counseling students. Additionally, further quantitative and qualitative research analyzing the influence of cross-cultural exposure and interactions on MCCs would be beneficial to the counseling profession's multicultural training knowledge base.

With the exception of the MCI Knowledge subscale scores, hypothesis 2 was not supported. Hypothesis 2 stated that no difference would be found between minority groups concerning self-perceived MCCs. On the MCI Overall scale and on the Skills, Awareness, and Relationship subscales, differences between African American and Latino counseling students were indicated, with Latino counseling students scoring higher than African American counseling students. This result is somewhat surprising because both Latinos and African Americans belong to numerical minority groups and, therefore, are

exposed to many cross-cultural interactions on a daily basis.

However, on average, Latinos and African Americans living in the United States may experience different degrees of cross-cultural exposure and interactions. For example, depending on a variety of factors (e.g., immigration status, acculturation level, class, education, religion), Latinos living in the United States may identify with not only a different subculture, but also an altogether different culture than the U.S. majority culture. This may include very different cultural institutions, identities (e.g., language, pastimes, national identity), and overt and covert norms. The Pew Hispanic Center (2009) reported that many U.S.-born Latinos between the ages of 16 and 25 navigate two different cultures, the culture of their parents' or grandparents' homeland and American culture. In contrast, African Americans, although belonging to a very different subculture than the majority culture in the United States, may share many of the same cultural institutions and identities as the majority culture (e.g., language, pastimes, national identity). Conceivably, the degree of difference between cultures with which people interact can influence their self-perceived multicultural competence. However, this explanation of results is merely a postulation because acculturation level, immigrant status, and other variables that would lend support to this explanation were not measured and controlled

for in this study. Future studies examining ethnic differences and MCCs as well as assessing for variables such as cultural identity, acculturation level, religious identity, SES, and immigrant status would expand current understanding of MCCs.

Another possible explanation for differences in self-perceived MCCs between Latino and African American counseling students is that exposure to a second language may positively influence Latino students' self-perceived MCCs. Along with exposure to multicultural interactions, a large percentage of Latinos (76%) residing in the United States are exposed to bilingual contexts such as Spanish at home and English at school (American Community Survey, 2009; Santiago-Riviera & Altarriba, 2002). Bilingual experiences can transform and enhance people's worldview (Pavlenko, 2005) which, in turn, may influence their efficaciousness in working with diverse clients.

Implications and Limitations

The results of this study provide some additional support for the influence of ethnicity on MCC and offer promising avenues for future research. Of particular need is a study that explores the mediating effect of cross-cultural exposure on ethnicity and MCC development. This research could further clarify the role of ethnicity in MCC development as well as provide further support for

cultural immersion experiences in multicultural training curricula. Additionally, research that compares and contrasts the effectiveness of different types of cultural immersion experiences (e.g., attending cultural events, interviewing culturally diverse individuals, studying abroad) could inform multicultural training and enhance counselors' MCC.

The results of this study also indicate a need for future studies that analyze the influence of second language exposure and acquisition on counselors' MCC development. According to the Sapir-Whorf hypothesis (Sapir, 1921; Whorf, 1956) and the neo-Whorfians (Pavlenko, 2005), language influences the way in which people think and behave. For instance, in many Latino cultures, *fatalismo,* the belief that life is wholly determined, is found in many Spanish-language phrases and colloquialisms. *Se me rompió la ventana* (the window broke itself to me) and *si Dios quiere* (if God wills it to be) are examples of *fatalismo* in everyday Spanish language. The tacit assumption underlying both of these examples is that things occur outside of one's control, either by chance or through God's will. If elements of the Sapir-Whorf hypothesis are accurate, and language use has a significant influence on people's worldview, it may be possible that sustained interaction with different languages fosters cognitive complexity and dialectical thinking (Bialystok, 2005). This, in turn, may cultivate greater multicultural counseling competence.

Some mental health programs already are incorporating language immersion programs into their curriculum (e.g., Our Lady of the Lake University; see Biever et al., 2002). These programs can help counselors develop language skills that may facilitate the provision of counseling services to an underserved population (e.g., Latino, Spanish-speaking populations). Moreover, these immersion projects and language programs may indirectly help counselors improve their overall multicultural counseling competence. Future research examining the influence of second language exposure and acquisition is needed.

As with other studies, this study has its limitations. First, participants were recruited using convenience sampling, which limits the external validity of the results. Second, the MCI is a self-report instrument and therefore is susceptible to social desirability effects. Additionally, tentative conclusions extrapolated from the results should be interpreted with caution considering cultural identity, exposure to diverse cultures, and bi/multilingualism were not measured. Future studies should examine differences between and within minority groups to further illuminate factors that contribute to MCC development.

Another potential limitation is that the four subscales had lower internal consistencies than the norm samples. This may be due to the fact that data were gathered from a heterogeneous sample of participants spanning seven

counselor education programs across the Southeast and Southwest regions of the United States. The internal consistency of the Knowledge subscale was particularly lower than other studies (.70 vs. .80). It is possible that different emphases on multiculturalism among the seven counseling programs may have contributed to lower reliability. Also, although the majority of participants had completed a multicultural course prior to participating in this study, some students were currently enrolled in a course and others had not yet taken one. This likely contributed to multicultural knowledge differences and lower reliability for the MC Knowledge subscale.

Conclusion

This study examined the effect of ethnicity on counseling students' self-perceived multicultural counseling competence. Results revealed that Latino counseling students scored higher than African American counseling students and European American counseling students on the MCI scale and three of the MCI subscales. Further research examining the relationship between second language learning and multicultural competence is needed. Moreover, additional research is needed that examines between and within group differences related to MCC development. With respect to the accelerated increase in ethnic diversity in the United States (U.S. Census Bureau, 2010), it is requisite that the counsel-

ing profession and multicultural researchers continue their efforts to unearth additional factors, such as second language learning and cross-cultural immersion experiences, that may influence counselors effectiveness in working with diverse clients.

References

American Community Survey (2009). *People who spoke a language other than English at home by Hispanic origin and race: 2009:* Retrieved from http://www.census.gov/prod/2010 pubs/acsbr09-19.pdf

Arredondo, P., Toporek, R., Brown, S., Sanchez, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24,* 42-78.

Bialystok, E. (2005). Consequences of bilingualism for cognitive development. In J. F. Kroll & A. M. B. De Groot (Eds.), *Handbook of bilingualism: Psycholinguistic approaches* (pp. 417-432). New York, NY: Oxford University Press.

Biever, J. L., Castaño, M. T., de las Fuentes, C., González, C., Servín-López, S., Sprowls, C., & Tripp, C. G. (2002). The role of language in training psychologists to work with Hispanic clients. *Professional Psychology: Research and Practice, 33,* 330-336.

Constantine, M. G. (2001). Predictors of observer ratings of multicultural counseling competence of Black, Latino, and White American trainees. *Journal of Counseling Psychology, 48,* 456-462. doi:10.1037//0022-0167.48.4.456

Constantine, M. G. (2002). Racism attitudes, White racial identity attitudes, and multicultural counseling competence in school counselor trainees. *Counselor Education and Supervision, 41,* 162-174.

Constantine, M. G., & Gainor, K. A. (2001). Emotional intelligence and empathy: Their relation to multicultural counseling

knowledge and awareness. *Professional School Counseling, 5,* 131-137.

Dickson, G. L., & Jepsen, D. A. (2007). Multicultural training experiences as predictors of multicultural competencies: Students' perspectives. *Counselor Education and Supervision, 47,* 76-95.

Hays, D. G. (2008). Assessing multicultural competence in counselor trainees: A review of instrumentation and future directions. *Journal of Counseling and Development, 86,* 95-101.

Ladany, N., Inman, A. G., Constantine, M. G., & Hofheinz, E. W. (1997). Supervisee multicultural case conceptualization ability and self-reported multicultural competence as functions of supervisee racial identity and supervisor focus. *Journal of Counseling Psychology, 44,* 284-293. doi:10.1037//0022-0167.44.3.284

Lum, D. (2007). *Culturally competent practice: A framework for understanding diverse groups and justice issues* (3rd ed.). Belmont, CA: Thomson Higher Education.

Pavlenko, A. (2005). Bilingualism and thought. In J. F. Kroll & A. M. B. De Groot (Eds.), *Handbook of bilingualism: Psycholinguistic approaches* (pp. 433-453). New York, NY: Oxford University Press.

Pew Hispanic Center (2009). *Between two worlds: How young Latinos come of age in America.* Retrieved from http://pewhispanic.org/reports/report.php?ReportID=117

Ponterotto, J. G., Fuertes, J. N., & Chen, E. C. (2000). Models of multicultural counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 639-669). New York, NY: Wiley.

Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice, 26,* 322-329. doi:10.1037//0735-7028.26.3.322

Santiago-Riviera, A. L., & Altarriba, J. (2002). The role of language in therapy with the Spanish-English bilingual client. *Professional Psychology: Research and Practice, 33,* 30-38. doi:10.1037/0735-7028.33.1.30

Sapir, E. (1921). *Language.* New York, NY: Harcourt Brace.

Sodowsky, G. R., Kuo-Jackson, P., Richardson, M. F., & Corey, A. T. (1998). Correlates of self-reported multicultural competencies: Counselor multicultural social desirability, race, social inadequacy, locus of control racial ideology, and multicultural training. *Journal of Counseling Psychology, 45,* 256-264. doi:10.1037/0022-0167.45.3.256

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self report measure of multicultural competencies. *Journal of Counseling Psychology, 41,* 137-148. doi:10.1037/0022-0167.41.2.137

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20,* 64-88.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vazquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *Counseling Psychologist, 10,* 45-52. doi:10.1177/0011000082102008

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., . . . Vazquez-Nutall, E. (1998). *Multicultural counseling competencies: Individual and organizational development.* Thousand Oaks, CA: Sage.

SPSS, Inc (2010).

U.S. Census Bureau (2010). *Overview of race and Hispanic origin: 2010.* Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf

Whorf, B. (1956). *Language, thought and reality.* Cambridge, MA: MIT Press.

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology, 54,* 351-361. doi:10.1037/0022-0167.54.4.351

JOURNAL OF PROFESSIONAL COUNSELING:
PRACTICE, THEORY, & RESEARCH

1204 San Antonio, Ste. 201
Austin, Texas 78701